



Virginia Office of EMS

Division of Educational Development

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Psychomotor

Examination

Guide

This manual was created by the Virginia Office of EMS to promote the use of standard and uniform criteria for psychomotor examinations offered in the Commonwealth. The evolution of psychomotor examinations has been guided by many changes within emergency medical services in the United States.

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Introduction

This manual was created by the Virginia Office of EMS to promote the use of standard and uniform criteria for psychomotor examinations offered in the Commonwealth. The evolution of psychomotor examinations has been guided by many changes within emergency medical services in the United States.

The Office of EMS believes that the psychomotor examination should be cost-effective while continuing to assure protection of the public through adequate measurement of minimal skill competencies. Additionally, the Office of EMS is cognizant of the fact that we need to keep our testing philosophies consistent between levels whenever possible. Each of the skills included in the psychomotor examination were chosen based upon the frequency of use in day-to-day, out-of-hospital care as well as the potential of harm they pose to public safety and patient care.

When possible, the steps for each skill evaluation instrument were written in observable behavior formats and a point value of 1 point for each observable step was assigned. Critical behaviors were identified for each skill and written out in a “Critical Criteria” section on each skill evaluation instrument. This helped eliminate inconsistencies in scoring that results whenever certain steps were weighted and assigned higher point values than others with no explanation on how to disburse partial credit. In order to improve consistency and inter-rater reliability, each skill evaluation form is accompanied by a detailed essay to help focus the skill evaluator on the consistent, proper testing of each skill. Finally, predetermined passing criteria for each skill were established and endorsed by the Office of EMS.

In 2006, as the draft National EMS Education Standards were being revised, the Office of EMS assembled an ad hoc committee from various communities of interest to review the existing Emergency Medical Technician certification testing process. The Professional Development Committee (PDC), a standing committee of the State EMS Advisory Board, on recommendation of the BLS Accreditation Ad-hoc Committee, created the BLS Certification Test Ad-hoc Committee. The committee reviewed the Emergency Medical Technician curriculum, Scope of Practice and Virginia EMS Education Standards and made recommendations for revising the psychomotor testing process for Emergency Medical Responders and Emergency Medical Technicians. The Committee was chaired by Mr. Jeffrey Reynolds, PDC member/EMS Program Coordinator, Patrick Henry Community College and made up of: four EMT Instructors, one from each region of the state; one Regional EMS Council representative; one Virginia Association of Volunteer Rescue Squad (VAVRS) representative; one representative of an Accredited EMS training program; and one OEMS Program Representative. The ad-hoc committee was tasked with reviewing the current BLS Practical Exam process and making recommendations for change, if needed, to the PDC. After extensive discussion, the Committee recommended to PDC that the Practical exam be restructured and presented their design of the new practical exam. This

recommendation was approved by PDC and by the state EMS Advisory Board. The committee worked on creating new check sheets and developed the Practical Exam Users Guide (PUG).

That original document was revised in 2012 in order to bring it in line with the Virginia EMS Education Standards (VEMSES).

Acknowledgements

Listed below are the members of the BLS Certification Test Ad-hoc Sub-committee that worked tirelessly from 2006 until 2008 on revising the BLS Practical Exam and recommended the 2009 BLS Practical to the Professional Development Committee:

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Professional Development Committee-Chair	Jeffrey Reynolds
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Planning and implementation by September 1, 2009 could not have taken place without assistance from the following:

Scenario rewrites: S. Heather Phillips

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A special thank you to everyone who reviewed and made recommendations to this document, including OEMS Staff, Regional Council Staff and all of the Virginia EMT-Instructors/ALS Coordinators and Education Coordinators.

This manual is a compilation of the OEMS Consolidated Test Manual, Practical Exam Users Guide (PUG) and the National Registry Psychomotor Examination Manual. The structure, format and many ideas are directly from the National Registry Psychomotor Examination Manual. We acknowledge and thank the NREMT for the material used from their publication to make this manual.

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Section 1: The Psychomotor Examination

This manual provides for a structured, organized approach to conducting a psychomotor examination.

The Office of EMS was sensitive to input requesting that the psychomotor testing be administratively feasible and cost-effective psychomotor examination. The following factors were carefully considered as these materials were developed and approved for this guide:

1. Helping to assure protection of the public.
2. In order to help assure protection of the public, verification of psychomotor competencies for certification should be accomplished by agencies or individuals not directly associated with the approved educational program's graduates.

The psychomotor examination outlined in this guide contains three stations: medical, trauma and a random skill. Each candidate must demonstrate acceptable competence in these identified skills. Each candidate who seeks Virginia certification as an Emergency Medical Responder or Emergency Medical Technician must have successfully completed the measurable elements for each of the skills identified in this guide.

The Office of EMS remains committed to establishing standardized, valid psychomotor examination processes. To that end, extensive work has been accomplished in revising the psychomotor examinations to coincide with implementation of the 2009 National EMS Education Standards/Virginia EMS Education Standards.

Responsibilities

In order for a psychomotor examination to be effective and efficient, all personnel attending must meet certain responsibilities.

Candidate Responsibilities

- New graduates from basic level EMS courses seeking initial certification have no more than 365 days from the initial test date to successfully complete all components of the psychomotor examination.
- Candidates must begin the psychomotor examination process within 180 days of their course end date.
- EMT candidates are required to complete three (3) skills and EMR candidates are required to complete 2 skills when taking a full attempt of the psychomotor examination.
- Candidates are eligible for up to **two (2) full attempts** of the psychomotor

examination, provided all other “Entry Requirements” are met.

- Retest attempt of the skills failed if not attempted on the same day must be attempted within 90 days from the date of the examination.
- Candidate must arrive on time, ready to test.
- **The candidate must bring the following items to the test site:**
 - Eligibility to test letter obtained from the candidate’s portal
 - Government issued photo ID
 - Completed OEMS Application form when supplied by their instructor
 - Watch
- The following items are not allowed at psychomotor examination sites:
 - Any electronic device including cell phones, PDA’s, tablets, pagers, two way radios
 - Inappropriate clothing

The following chart was designed to assist in tracking the candidate through the examination process:



Sponsoring Organization Responsibilities

- Sponsoring Organizations (Regional EMS Councils, Accredited Teaching Organizations) will schedule with their Regional OEMS Testing Supervisor psychomotor examinations for all BLS training.
- Consolidated Test Site (CTS) schedules shall be maintained on the Consolidated Test Site Registration Website. Accredited Teaching Organizations may use the CTS Registration website with the approval and support of a Regional EMS Council.
- Proposed schedules shall be approved by the OEMS Regional Testing Supervisor and reported back to the Sponsoring Organization within 15 days of receipt.
- Facilities used for Psychomotor Examinations will be submitted to the OEMS Regional Testing Supervisor for approval prior to use.
- Assure that all Evaluators have completed the OEMS Psychomotor Examination Evaluator training program. Must maintain a list of current approved Evaluators.
- Test Site Coordinators will be selected by the sponsoring organization.
- Coordinates registration of candidates for the Psychomotor Examination.
 - The reservation process must include name, call-back phone number, email, and portion(s) of the examination that each candidate needs to complete. This will help the Test Site Coordinator to appropriately plan, staff, and set-up the facilities to help assure a smooth examination.
- Will provide the Test Site Coordinator and OEMS Test Examiner with a list of the candidates testing the day of the test. (If possible 24 hours prior the test) The minimal information will include: name, level of test taking.
- A minimum of fifteen (15) candidates must be registered for an examination test site. The OEMS Regional Testing Supervisor will be notified if there is not a minimum number registered candidates ten (10) days prior to the examination.
- The sponsoring organization is responsible for notifying all candidates, evaluators, patients and the OEMS Test Examiner in the event of the cancellation of a test site.
- The Sponsoring Organization will notify OEMS of any testing candidates who will require a variance as a result of any cancellation. The minimal information will include: name of

candidate, address, and level testing and certification number.

Test Site Coordinator Responsibilities

The Test Site Coordinator is responsible for the overall planning, staffing, implementation, quality control and validation of the psychomotor examination process in conjunction with the OEMS Test Examiner. **The Test Site Coordinator is responsible for the following:**

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Test Site Coordinator must help ensure that each Skill Evaluator conducts himself/herself in a similar manner throughout the examination.
- Coordinating the examination with the OEMS Test Examiner to oversee administration of the psychomotor examination.
- If the examination is postponed or canceled, the Test Site Coordinator is responsible for the immediate notification of all candidates, Skill Evaluators, Simulated Patients and the Office of EMS.
- Assuring that the final reservation list of candidates for the psychomotor examination is available 3 days prior to the scheduled examination.
- Ensuring that the facilities for the psychomotor examinations meet the standards outlined in this manual.
- Selection of qualified Skill Evaluators. At a minimum, each evaluator must be certified or licensed to perform the skill that he/she is to evaluate and has completed an approved OEMS and or EMS Council evaluator training program and updates.
- Selection of appropriate individuals of average adult height and weight to serve as Simulated Patients. Simulated Patients must be adults or adolescents who are sixteen (16) or greater years of age. **Candidates who are registered to take the examination or current EMT/EMR students may not serve as patients or assistants for any skill.**
- Obtaining clean, functional, and required equipment for each skill and ensuring that all equipment is operational.
- Overseeing the timely flow of all candidates through the skills in conjunction with the State EMS Official or approved agent.

- Monitor for "hall talk" between candidates or discussing specific examination scenarios or material throughout the examination.
- Ensure the proper number of psychomotor stations is set up for the number of candidates testing.
- Ensure that each psychomotor station is set up with ALL required equipment as listed on the required equipment list.
- Maintain a cache of disposable supplies to restock practical stations as needed during testing.
- Ensure that a moulage technician is assigned to take care of initial moulage and touch-up moulage as needed during the testing process.
- Relay any needed information about the site as to special requirements, etc. to the OEMS Regional Testing Supervisor or OEMS Test Examiner.
- Makes the decision in consultation with the OEMS Test Examiner and the Sponsoring Organization representative (if required) to have same day retesting.
- Shall assure the orderly rotation of candidates through the practical examination stations, logging the needed information on the tracking sheet.
- Shall immediately notify the OEMS Test Examiner of any possible developing problems regarding practical station testing and assist in solving them.
- Shall notify the OEMS Test Examiner of any problems they encounter.
- Ensure that all evaluators, evaluator assistants and patients remain at the Psychomotor Examination Site until released, checking with the OEMS Test Examiner to ensure that any clarifications that may be needed are addressed prior to leaving the site.
- When required, collect and provide the OEMS Test Examiner the completed candidate practical evaluation forms or sealed envelopes for candidates who have finished their practical testing. Delays should be avoided to ensure proper flow of the test site.
- Ensure that all Evaluator, Evaluator Assistant and Patient reimbursement forms are completed and submitted to the Sponsoring Organization for disbursement if applicable.

- Complete the Test Site Payment Form and submit this form to the OEMS Test Examiner if applicable. This form is verified and then signed by the OEMS Test Examiner. The original form is placed in the testing packet mailed to OEMS following the Psychomotor Exam by the OEMS Test Examiner.
- **The Test Site Coordinator must be present at the site during the examination. The Test Site Coordinator may not serve as a Skill Evaluator during the examination.** If the Test Site Coordinator is not able to be present at the examination due to unforeseen circumstances, he/she must assign a competent, informed, and capable person to coordinate all examination activities in his/her absence. In such a case, this person shall serve as and assume all responsibilities of the “Test Site Coordinator” throughout the examination.

Test Site Coordinator’s Timeline

The following timeline has been developed to assist the Test Site Coordinator with planning the examination:

3 to 4 weeks minimum

- Secure commitment from OEMS to administer the psychomotor examination
- Secure facilities to host psychomotor examination

Ten days

- Obtain the candidate roster from the Sponsoring Organization
- Secure commitments from all Skill Evaluators, EMT Assistants, and Simulated Patients. Be sure to plan on 1 or 2 extra Skill Evaluators just in case of unexpected
- Gather all equipment and supplies.
- Re-confirm facilities will be available for the psychomotor examination as previously planned.

- Send a reminder (letter or email) to all Skill Evaluators, EMT Assistants, and Simulated Patients. Include a copy of the Skill Essay and Evaluation Form for each Skill Evaluator, as well as a parking pass, map, etc as needed
- Expect to receive contact from the OEMS Test Examiner to confirm exam location(s), time(s), and exam material needs based on the number of candidates expected to test. If not, call him/her to verify the information.

Test Day

- Report to the scheduled exam site at least sixty (60) minutes before the initiation of the site.
- Set-up all skill stations

Maintaining a Reservation List of Candidates

The Consolidated Test Site Reservation Website has been developed to assist in gathering information from all candidates who will be attending the examination. Examination materials are prepared based on this information.

The Sponsoring Organization is solely responsible for maintaining a reservation list of all candidates who will be attending the examination. Every candidate who is planning on attending the examination site must be listed on the “Reservation List.” All examination materials for that particular exam are prepared **based upon this reservation list**.

After materials are prepared, the OEMS Test Examiner should contact the Test Site Coordinator to confirm that he/she will show up “at the right place at the right time with the right stuff” to administer the examination. This is a final “safety check” to help ensure that no “surprises” occur on the date of the scheduled examination.

Equipment

The Test Site Coordinator is responsible for obtaining and setting-up the various stations on the day of the scheduled psychomotor examination. An equipment list for the psychomotor examination is included in this manual to help with psychomotor examination coordination. Additionally, each Skill Evaluator will need a time keeping device, pen, copy of the respective “Essay to Skill Evaluator,” and a supply of skill evaluation forms to document each candidate’s performance.

Facilities for the Psychomotor Examination

The Test Site Coordinator is responsible for securing a facility large enough to accommodate the number of candidates scheduled to attend the psychomotor examination. Each facility utilized for the psychomotor examination should provide:

- Adequate space to offer a minimum of 100 square feet for each of the skills. Each area shall be partitioned in such a manner to allow easy entrance and exit by the candidates and prohibit observation by other candidates and non-involved personnel. Entrance to, and exit from, all skills should not disturb other candidates who are testing.
- A comfortable testing environment free of undue noise and distraction.
- Ample gathering space for candidates during the candidate orientation to the psychomotor examination.
- Adequate and effective heating, cooling, ventilation, and lighting.
- A waiting area adjacent to the skills for candidates to assemble while waiting for skills to open.
- Adequate restroom facilities, a drinking fountain and adequate parking with reasonable access to the examination site.
- Adequate space for the Skill Evaluators Orientation to the Psychomotor Examination, including any Simulated Patients. This space should visually and audibly prohibit observation by the candidates.
- Adequate security of all examination materials during the examination.
- Skills should be appropriately posted or marked. One set of signs to post at each skill is provided in Appendix A of this guide.
- A table and chair in each room for Skill Evaluators. The Test Site Coordinator may also want to provide each Skill Evaluator with a clipboard and a pen to assist with documenting all performances. Each Skill Evaluator should also have a copy of the appropriate essay and a sufficient supply of skill evaluation forms on which to document all performances.
- A secure room adjacent to the skills for recording of the psychomotor examination results and informing candidates of test results when required.
- Each facility must contain adequate seating with an appropriate writing surface for each person scheduled to participate in the written examination. Ideally, the testing room should have sufficient seats to allow seating of candidates in alternate seats. Depending on the size and arrangement of the seats in the testing room and the number of candidates, the OEMS Examiner shall use his/her best judgment in seating the candidates to minimize the possibility of any irregularities occurring during the

examination. Seating candidates taking the same test should be avoided.

- Additionally, each facility must:
 - Contain a pencil sharpener and a table or desk adequate for registering candidates, packaging of materials, and proctoring the examination process.
 - Provide adequate security for the examination materials during the examination.
 - Contain a functioning wall clock, which is visible to all candidates to assist with pacing and/or a chalkboard on which the OEMS Examiner can announce and post the time remaining in the examination at one (1) hour, thirty (30) minutes and fifteen (15) minutes.

Staffing for the EMT Psychomotor Examination

An examination requires the minimum staffing to complete the initial examination attempt within three (3) to four (4) hours. If all skills are duplicated, the psychomotor examination should be completed in half the projected time or twice the number of candidates can be expected to complete the examination in the same amount of time. An Excel worksheet is available on the OEMS website to assist Test Site Coordinators in planning staffing needs.

Skill Evaluators

Skill Evaluators should be recruited from the local EMS community. Test Site Coordinators should only consider people who are currently certified or licensed to perform the skill they wish them to evaluate. In addition, careful attention should be paid to avoid possible conflicts of interest, local political disputes, or any additional pre-existing conditions that could potentially bias the Skill Evaluator towards a particular group or the entire group of candidates.

In no case should a primary instructor serve as a Skill Evaluator for any of his/her own students. Casual instructor staff may be utilized if necessary so long as they are not biased and do not evaluate any skill for which they served as the primary instructor. For example, the local PHTLS or ITLS instructor who taught the trauma portion of the candidates' class may not serve as the Patient Assessment/Management – Trauma Skill Evaluator, but can be utilized to evaluate another skill so long as the Test Site Coordinator feels he/she is not biased and is qualified to perform the skill to be evaluated. Every effort should be made to select Skill Evaluators who are fair, consistent, objective, respectful, reliable, and impartial in his/her conduct and evaluation. Skill Evaluators should be selected based upon their expertise and understanding that there is more than one acceptable way to perform all skills. The Test Site Coordinator should work to obtain Skill Evaluators who are not acquainted with the candidates if possible.

All Skill Evaluators are responsible for the overall conduct of his/her skill evaluation area, ensuring the integrity and reliability of the examination and his/her skill, and for maintaining strict security of all examination-related items throughout the examination.

Skill Evaluator minimum requirements:

- 18 years of age
- Current EMT or higher EMS certification
- Received current training as an EMT Evaluator
- Must attend any required Regional EMS Council and/or Office of EMS training or update

Skill Evaluators are responsible for the following:

- Report to the scheduled test site thirty (30) minutes to one (1) hour prior to the initiation of testing. Sign in with the Test Site Coordinator.
- Assist the Test Site Coordinator with setting up practical station
- Attends Evaluator briefing conducted by OEMS Examiner
- Notify the OEMS Examiner of any problems that develop or that may develop in conducting your skill station. **Immediately** notify the OEMS Examiner if a problem involves safety or security issues.
- Notify the Test Site Coordinator of any defective/deficient equipment as soon as possible
- Responsible for the equipment used in their station and ensuring it is returned to the Test Site Coordinator.
- Assist the OEMS Examiner in clarifying any concerns and questions as to a candidate's performance in your practical station
- Cannot leave the test site until released by the Test Site Coordinator and OEMS Test Examiner.
- Brief the candidates as to any unfamiliar equipment in your practical examination station. This should be 2-3 minutes and an overview of that piece of equipment
- Stop any candidate's action immediately if the patient could be injured by those actions.
- Ensure that the station card is returned to the Test Site Coordinator or Dispatcher to notify that your station is ready to evaluate additional candidates.
- Notify the Test Site Coordinator if you need additional time for documentation purposes or personal breaks.
- Police the area of your practical station, returning the station to its pretest condition upon being notified that your station is no longer needed. The patient will assist if applicable.
- Assist the patient in cleaning him/herself up as needed.
- Assist the Test Site Coordinator in packing away all equipment and supplies.

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Evaluator must help ensure that the Simulated Patient and other staff conduct themselves in a similar manner throughout the examination.
- Objectively observing and recording each candidate's performance
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate
- Providing consistent and specific instructions to each candidate by reading the "Instructions to the Psychomotor Skills Candidate" exactly as printed in the material provided by the Office of EMS. Skill Evaluators must limit conversation with candidates to communication of instructions and answering of questions. All Skill Evaluators, Assistants and patients must avoid social conversation with candidates or making comments on a candidate's performance.
- Recording, totaling, and documenting all performances as required on all skill evaluation forms
- Thoroughly reading the specific essay for the assigned skill before actual evaluation begins
- Checking all equipment, props, and moulage prior to and during the examination
- Briefing any Simulated Patient
- Assuring professional conduct of all personnel involved with the particular skill throughout the examination
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the OEMS Test Examiner

The OEMS Test Examiner has the authority to dismiss any Skill Evaluator for due cause at any point during the psychomotor examination.

EMT Assistants

These selected individuals will serve as the trained partners for all candidates testing. Anyone known to be a close relative of any candidate or biased towards any candidate cannot be used as an EMT Assistant.

EMT Assistant minimum requirements:

- Current Virginia EMTs or higher Virginia EMS certification
- Must attend any required Regional EMS Council and/or Office of EMS training or update
- Report to the scheduled test site thirty (30) minutes to one (1) hour prior to the initiation of testing. Sign in with the Test Site Coordinator.
- Assist the Test Site Coordinator with setting up all practical stations.
- Attends briefing conducted by OEMS Test Examiner.
- Only utilized for the Random Basic Skills Station.
- Assist the testing candidate during stations only when directed to do so by the candidate.
- Correctly performs all skills as instructed by the testing candidate.
- Assist the OEMS Test Examiner in clarifying any concerns and questions as to a candidate's performance in your practical station.
- Cannot leave the test site until released by the Test Site Coordinator.
- Assist the patient in cleaning him/herself up as needed.
- Assist the Test Site Coordinator in packing away all equipment and supplies.

Simulated Patients

All Simulated Patients should be EMS-related personnel and we suggest using certified EMS professionals (EMT or higher) at a minimum for all Simulated Patients. If the patient is familiar with EMS procedures, he/she can assist the Skill Evaluator when reviewing the candidate's performance and can verify completion of a procedure or treatment. The Simulated Patient should also be familiar with the typical presentation of symptoms the usual patient would complain given the testing scenario utilized.

The Simulated Patient should be capable of being programmed to effectively act out the role of a real patient in a similar out-of-hospital situation, such as simulating sonorous respirations, withdrawing to painful stimuli, moaning to palpation over injuries, and so on. Keep in mind that the more realistic the Simulated Patient presents, the fairer the evaluation process.

The equipment provided for the skills should appropriately fit the respective Simulated Patient. In the Patient Assessment/Management – Trauma and Patient Assessment/Management – Medical skills, the Simulated Patients should be instructed to wear appropriate undergarments (shorts or swimsuit) and cut-away clothing should be provided. If

prepared cut-away clothing is not available (Velcro[®] sewn into the seams of pants and shirt), one set of clothing should be cut along the seams and taped closed for each candidate. It is not necessary to have enough clothing for each candidate to actually cut away a fresh set of clothes. Please be aware of Simulated Patient fatigue throughout the examination. If large numbers of candidates are anticipated, you may also want to consider securing additional Simulated Patients for the examination even if skills have not been duplicated. For the comfort of the Simulated Patient a mat may be used on hard floors.

Patient Minimum requirements:

- All Simulated Patients should be adults or adolescents who are sixteen (16) or greater years of age. All Simulated Patients should also be of average adult height and weight. Small children may not serve as patients in any skill.
- It is required that any patient utilized for the practical testing meets the manufacturer's requirements for the equipment being used.
- First Responder/EMR and EMT-Basic/EMT students may not function as patients.
- Report to the scheduled test site thirty (30) minutes to one (1) hour before the initiation of the site. Sign in with the Test Site Coordinator or the Desk Clerk.
- Memorize patient programming information and follow it completely throughout practical station testing. Do not add any additional information.
- Clarify any station questions with the Evaluator or OEMS Examiner before testing begins.
- Assist the Evaluator with resetting the practical station after each candidate completes the station.
- Assist the Evaluator and Test Site Coordinator with setting up the practical stations.
- Do not leave the test site until released by the Test Site Coordinator.
- Assist the Test Site Coordinator in gathering all equipment upon completion of the site.
- If moulage is used, ensure it is covered from candidate's view during breaks or between testing candidates.

Desk Clerk/Dispatcher

- Report to test site thirty (30) minutes to one (1) hour before initiation of the site.
- Assists the Test Site Coordinator with verifying candidates from the registration sheet.
- Sign-in Evaluators, Evaluator Assistants and Patients as they arrive and notify the Test Site Coordinator of any missing personnel before the initiation of the test site.
- Assist the Test Site Coordinator in assigning Evaluators, Evaluator Assistants and Patients to each practical station.
- Assist the Test Site Coordinator with placement of equipment and supplies in the practical stations.
- Assist the Test Site Coordinator in maintaining the flow of candidates to the practical stations.

Moulage Technician

- The Moulage Technician may also serve as an Evaluator(s) at the test site.
- Report to the scheduled test site thirty (30) minutes to one (1) hour before the initiation of the site.
- Responsible for initial application of moulage at the start of an examination and maintain it throughout the exam, ensuring compliance with the moulage listed on each scenario.
- Assist the Test Site Coordinator with placement of equipment and supplies into the practical stations.
- Cleans the area used to moulage patients and restocks kits as needed.
- Assures that the scenario information is returned to the OEMS Test Examiner.

Runner

Runners may be assigned to collect all completed skill evaluation forms and return them to the OEMS Test Examiner. This “runner” should be advised of the need to maintain strict security of all results. The “runner” is not permitted to share or discuss any specific results, scores, or documentation with anyone other than the OEMS Test Examiner.

Running an Efficient Psychomotor Examination

The psychomotor examination consists of three skills. Each skill is designed to approximate the out-of-hospital setting by presenting realistic situations that the EMT can expect to see. Each candidate is tested individually in each skill and is responsible for communicating with the patients or bystanders. The candidate should pass or fail based solely on his/her actions and decisions.

The Test Site Coordinator is responsible for the timely flow of candidates through all skills. It is imperative to promptly begin the psychomotor examination at the scheduled time or you will add unnecessary stress to the candidates. It is best to schedule the Skill Evaluators Orientation (including all Simulated Patients) one-half (½) hour before scheduling candidates to arrive at the examination site. This should permit ample opportunity for orientation of all evaluators; time for each evaluator to thoroughly read the specific skill essay, instructions, and review the specific skill evaluation form; briefing and moulaging of the Simulated Patients; checking all equipment for the examination; and time for the OEMS Test Examiner to individually address any areas in question before actual evaluation of any candidate begins.

The OEMS Test Examiner should meet with all candidates registered for the examination and provide the candidates with an orientation to the psychomotor examination. All candidates should complete any additional required paperwork before beginning the examination. The candidate orientation process to the psychomotor examination should take approximately twenty (20) to thirty (30) minutes.

At this point, actual evaluation of the candidates can begin. A grid and pass card (hall pass) system is perhaps the easiest and most effective method of controlling the timely flow of all candidates through the skills. This system helps minimize excessive noise which may affect skill performances, requires all candidates to assemble in one waiting area between skills, and controls the candidates from discussing specific examination-related information. It also provides the Test Site Coordinator and the OEMS Test Examiner with immediate feedback on the progress of the examination at any time. The OEMS Test Examiner will be visiting skills during the *psychomotor* examination to ensure fairness, consistency, and adherence to all requirements for the examinations. The OEMS Test Examiner will observe the interaction between Skill Evaluators and candidates during actual evaluation to help ensure the evaluations are in accordance with the examination criteria. The Test Site Coordinator or his/her designee should ensure that candidates do not discuss specific examination information throughout the examination. The Test Site Coordinator or his/her designee is responsible for reporting any discussions that may have occurred between candidates if these discussions are believed to have resulted in an unfair advantage or inequality among the candidates. This should be communicated immediately to the OEMS Test Examiner.

A Dispatcher is responsible for directing all candidates to the test stations. Each skill that is set-up that day should have a pass card (hall pass) assigned to it. The card should identify the name of the skill and location (room number). The candidate is dispatched and handed a pass card (hall pass) to permit him/her to test that skill. As soon as the patient is treated, the candidate should report back to the staging area, turn-in the pass card, and wait to be dispatched before reporting to the next skill. Several break cards should also be available to control the number of candidates on break at any given time.

A Candidate Tracking Form with names listed should also be used to track when and what skills testing station the students are assigned. The candidates arriving in the psychomotor testing staging area will be listed on the Candidate Tracking Form. When assigned to a testing station, the candidate is given the hall pass card representing that station and directed to proceed. Photo Identification will be checked at every skill station by the evaluator prior to the start of that station. Once the practical skill station testing is complete, the candidate shall return the hall pass card and that station is checked-off of the Candidate Tracking Form. The hall pass card can then be reassigned to another candidate. Candidates shall remain in the staging area until

called for testing, thus preventing candidates from wandering around the test site or standing around in the testing areas. Candidates shall be reminded, that no discussion of the psychomotor or written examination shall occur, including skill testing stations. The OEMS Test Examiner shall be notified if this occurs during the test site. Any complaints or disagreements about the actual skills testing shall be immediately brought to the attention of the OEMS Test Examiner on site. A Complaint/Comment Form shall be completed and submitted to OEMS with the testing paperwork addressing such complaints. Complaint/Comment Forms shall be completed while at the test site.

Copies of the skill instructions and evaluation forms are provided in this manual and can be used in the waiting area for the candidates to review before reporting to the skill. Do not discard scrap materials at the test site. Scrap materials will be shredded whenever possible.

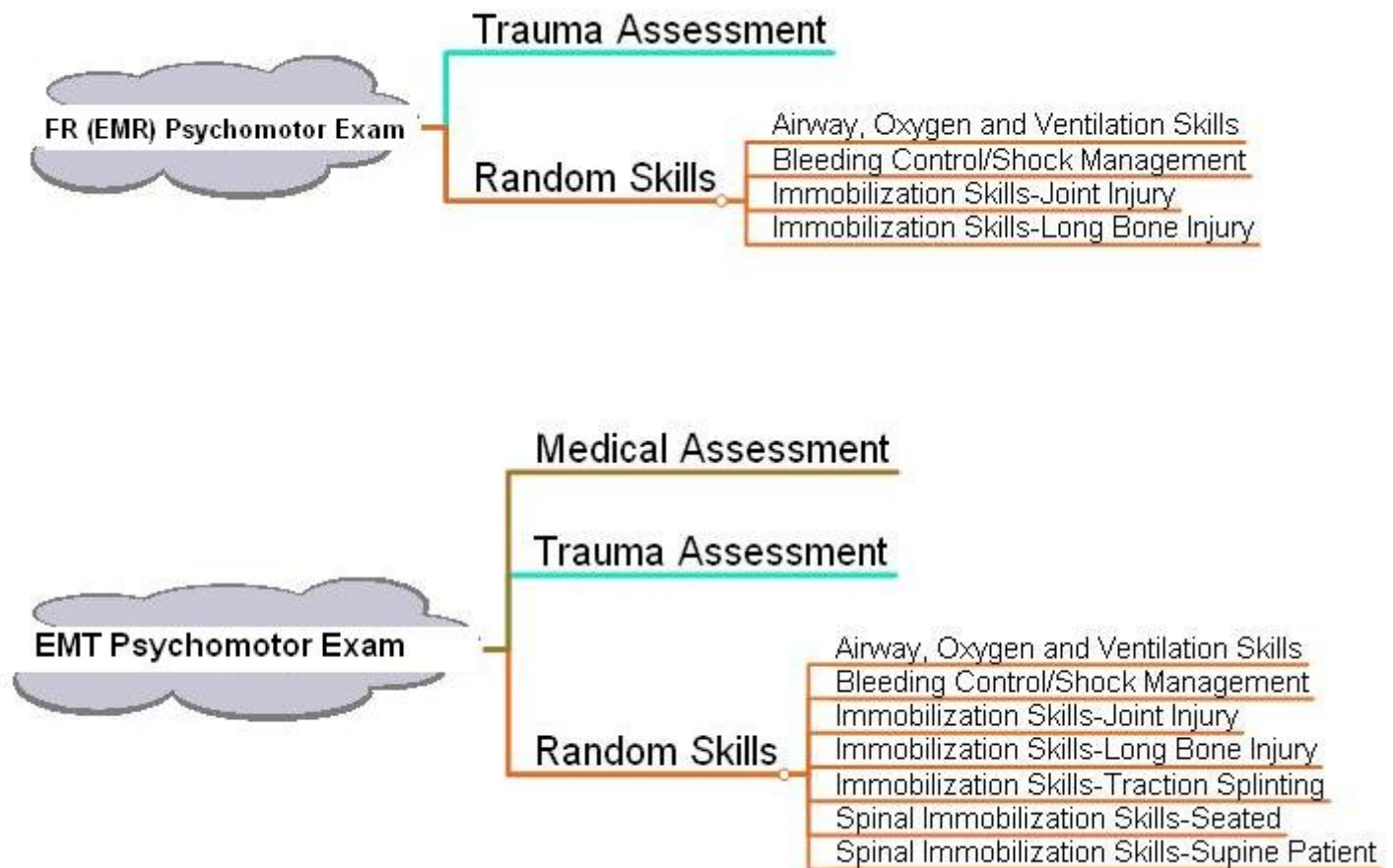
Psychomotor Examination Skills

The psychomotor examination consists of skills presented in a scenario-type format to approximate the abilities of the EMT/EMR to function in the out-of-hospital setting at an entry level provider competency level. All skills have been developed in accordance with the 2009 EMS Education Standards and current American Heart Association Guidelines for Basic Life Support for Healthcare Providers. These materials are revised periodically to help assure that the most up-to-date guidelines are met. The psychomotor examination has been designed to serve as a formal verification of the candidate's "hands-on" abilities and knowledge to help assure public protection, rather than a teaching, coaching, or remedial training session. Therefore, specific errors in any performance should not be discussed with any candidate unlike that which should occur in the educational process during the learning phase.

The candidate is cautioned that all forms were designed to evaluate terminal performance expectations of an entry level provider upon successful completion of the state-approved Emergency Medical Responder/Technician program and were not designed as "teaching" forms. To fully understand the whys, hows and sequencing of all steps in each skill, a solid cognitive and psychomotor foundation should be established throughout the educational process. After a minimal level of competence begins to develop, the candidate should refer to the appropriate skill evaluation form for self-assessment in identifying areas of strength and weakness. If indicated, remedial training and practice over the entire skill with the educational institution is strongly encouraged. Once skill mastery has been achieved in this fashion, the candidate should be prepared for graduation from the program and completion of the psychomotor examination.

Emergency Medical Technician and Emergency Medical Responder candidates should demonstrate an acceptable level of competency in the following skills:

The Skill Stations



Each station is 10 minutes in length.

The Medical and Trauma Assessment stations are designed to evaluate competency of the BLS candidate. In these stations, the candidate will be presented with a scenario and an appropriately moulaged patient. They are expected to physically touch and assess the patient to determine the extent of injury or illness. The candidate is expected to verbally treat all life-threatening and minor injuries or illnesses. They have unlimited imaginary EMT assistants that will correctly perform all skills/interventions requested.

1. Patient Assessment/Management – Medical

All candidates will be required to perform a "hands-on," head-to-toe, physical assessment and voice treatment of a moulaged simulated patient for a given scenario. This skill includes:

- Scene Size-up
- Primary Assessment
- Secondary Assessment
- Reassessment

Only EMT candidates will be required to complete this station.

The candidate will need to interact with the patient and physically assess them to determine the nature of illness. All treatments will be verbalized. The candidate has unlimited imaginary EMT assistants to perform the verbalized treatments.

The scenarios utilized in this station may cover any of the medical emergencies covered in the EMT course, not strictly a situation that requires the administration of a medication. EMT students should be prepared to manage any medical scenario presented.

The candidate must physically obtain the first set of vitals but may verbalize any reassessment. They are not evaluated on the accuracy of the vitals obtained, but rather the technique. If the candidate could have obtained a set of vitals through their technique, they will receive credit.

If candidate determines the need to administer a medication, they must contact medical control and request permission after completing the required assessment. The evaluator will play the role of medical control and will always approve the request from the candidate, regardless of the appropriateness of the request.

The only equipment in the station will be a blood pressure cuff, stethoscope, penlight and a pair of scissors.

2. Patient Assessment/Management – Trauma

All candidates will be required to perform a "hands-on," head-to-toe, physical assessment and voice treatment of a moulaged simulated patient for a given scenario. This skill includes:

- Scene Size-up
- Primary Assessment
- Secondary Assessment/History
- Reassessment

Both FR/EMR and EMT candidates will test the Trauma Assessment station.

Like the Medical Assessment station, the candidate will need to interact with the patient and physically assess them to determine the injuries, but all treatments will be verbalized. The candidate has unlimited imaginary EMT assistants to perform the verbalized treatments.

The candidate must physically obtain the first set of vitals but may verbalize any reassessment. They are not evaluated on the accuracy of the vitals obtained, but rather the technique. If the candidate could have obtained a set of vitals through their technique, they will receive credit.

Candidates are expected to initially take c-spine control, if indicated and after establishing it, may turn it over to an imaginary EMT.

The only equipment in the station will be a blood pressure cuff, stethoscope, penlight and a pair of scissors.

Only EMT candidates must state they have initiated transport within the 10-minute timeframe, FR/EMR candidates will be given credit for this requirement since it is outside their scope of practice.

3. Random Skills

Both FR/EMR and EMT candidates will test the Random Skills station.

This station is designed to be a truly random skills station.

The candidate will randomly choose from the following skills based on their level of testing:

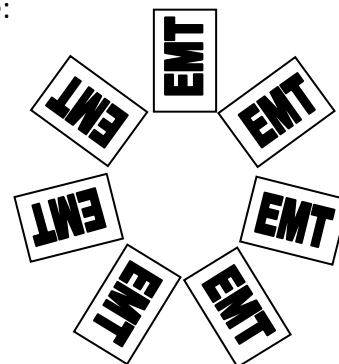
- | First Responder/EMR | EMT |
|--|---|
| ➤ Airway | ➤ Airway |
| ➤ Bleeding & Shock Management | ➤ Bleeding & Shock Management |
| ➤ Immobilization Skills – Joint Injury | ➤ Immobilization Skills – Joint Injury |
| ➤ Immobilization Skills – Long Bone | ➤ Immobilization Skills – Long Bone |
| | ➤ Immobilization Skills – Traction Splint |
| | ➤ Spinal Immobilization – Seated Patient |
| | ➤ Spinal Immobilization – Supine Patient |

All of the required equipment to test each of the skills will be in one room. Depending on the size of the room, each skill could be set up around the room, or the equipment grouped together and after the skill is selected, the appropriate equipment set up. There should be a table near the door that is big enough to hold both sets of cards (and two separate tables, if needed.)

The candidate will enter the station with their dispatch card and, if they choose, a pair of gloves. No other equipment or papers should be brought into the room. The Skill Evaluator will greet the candidate and determine the level being tested. The candidate will then point to a card from the appropriate arrangement and the Skill Evaluator will turn it over. The evaluator, candidate, assistant EMT and patient will then go to the appropriate area in the room and test the skill chosen.

The Cards

There are seven (7) cards for the EMT candidate to choose from and four (4) for the EMR/FR candidate. The cards should clearly designate the level on the back and the skills on the front. Prior to testing the first candidate, the cards should be inspected. They should be uniform in appearance with no obvious difference on the back. If there are any differences on the cards, the entire set should be replaced before the start of the exam. Before each candidate, the cards must be mixed up on the table and then arranged to ensure a truly random pick. The cards will be arranged in the following manner for every candidate:



Using the Evaluation Form and Scoring the Station:

The Evaluation Forms have been designed to allow the evaluator to quickly begin using them at the Psychomotor Examination Site. Although there may be a learning curve in applying them, this should be minimized by practice prior to the test site and a thorough review prior to the first candidate arriving to test.

Until the forms have been memorized, the evaluator may find it easier to turn the sheet over when the candidate begins and record every skill performed or verbalized in order. Once the candidate finishes and leaves, the evaluator can turn the sheet over and award points as appropriate. Experienced evaluators may find this method easier as well.

Prior to the candidate arriving to your station, complete the Evaluation Form with your Station #, date, test site location, scenario # and your name. For the individual Random Skills, make sure you check the location of the injury at the bottom of the sheet. Your scenario and injury locations will be provided by the OEMS Test Examiner.

When the candidate arrives, collect the station and tracking cards. Request to see their ID and write their name on the Evaluation Form **as it appears on the candidate roster** including their candidate number from the tracking card. If nametags are used, the candidates name must match the roster. Read the station information to the candidate and lead them into the room.

Additionally for the Random Basic Skills Station, when the candidate arrives read the introduction and allow them to point to a card. Do not allow the candidate to touch or pick up the card. Lift the card the candidate selected, show the candidate the station selected and read aloud the skill they have chosen. The card should remain face up for the duration of the candidates attempt at the station. Then, depending on the size of the room, either lead them to the appropriate area set up for that skill or set up the skill in the space necessary and obtain the correct Evaluation Form. Request to see their ID and write their name on the Evaluation Form including their candidate number from the tracking card. Then read the station information to the candidate. You should allow the candidate to review the equipment and answer any general questions and if necessary demonstrate the operation of the equipment if they are unfamiliar with it.

After answering any questions, read the scenario information and begin the timer, placing the start time on the sheet.

The Skill Evaluator must give the candidate their undivided attention during their performance. Score their performance fairly placing a 1 if a step is completed or a 0 if it is not (no partial points may be awarded). Some stations may require the Skill Evaluator to interact with the candidate. In so doing, they must pay special attention to statements that are required to be read to the candidate and be sure to interact with the candidate as appropriate.

Once the candidate has finished, the Skill Evaluator will stop the timer and record the end time on the Evaluation Form. Initial the tracking card (if used) making sure to mark the skill chosen in the Random Skill Station. Thank the candidate, return the tracking and station cards to them, and send them back to the dispatch area.

Once the candidate leaves, the Skill Evaluator will record the total time, total the points, **and enter the total in the appropriate space on the form.** Next, review all “Critical Criteria” statements printed on the evaluation form and check any that apply to the performance observed. **The Skill Evaluator must factually document rationale for checking any of the “Critical Criteria” statements on the reverse side of the evaluation form.** The statements should not be vague or contradictory and not a simple rewrite of the statement that was checked. Skill Evaluators should document each step of the skill in which zero points were awarded in the same fashion.

Not all “Expected Management” items are “Critical Criteria.” For instance, if a candidate did not cover a wound with minor bleeding, points would not be awarded for “manages secondary injuries and wounds appropriately.” This would not be a critical error. The Skill Evaluator will document by marking the **appropriate “Injury or Wound Site”** on the form for Random skills, sign the form in the appropriate space, check pass or fail and prepare the equipment, supplies and patient for the next candidate.

Psychomotor Examination Results

1. Passed examination results are valid for up to twelve (12) months from the date of the examination completion.
2. **EMT Candidates are eligible for same day retest for two (2) or less skills failed. EMR Candidates are eligible to same day retesting of 1 skill failed.**
3. Retests must be completed in an all-or-none fashion. The candidate must retest the specific skill(s) failed. The Office of EMS cannot score or report incomplete psychomotor examination attempts. Candidates are not permitted to complete only a portion of the skills that need retested. The Office of EMS does not mandate or guarantee same-day retest opportunities at any psychomotor examination site.
4. Failure of any skill on the retest attempt constitutes complete failure of that series of psychomotor examination attempts.
5. Candidates who fail the entire initial psychomotor examination must submit continuing education credits for the level they are testing to the Office of EMS to be eligible to take the entire psychomotor examination on their next full attempt of the psychomotor examination. Should a candidate fail the **secondary** retest or not attempt the secondary retest of the psychomotor examination, the candidate must complete a new, OEMS-approved Training Program.

Please note that the Office of EMS reserves the right to nullify and invalidate scores from any psychomotor examination that does not meet acceptable criteria for validation of equivalent psychomotor competencies outlined herein.

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ESSAYS TO SKILL EVALUATORS

Essays will be provided to each Skill Evaluator for the skill they are testing. The OEMS Test Examiner must ensure each Skill Evaluator understands the essay prior to testing candidates.

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Patient Assessment/Management – Trauma Essay to Skill Evaluators

Thank you for serving as a Skill Evaluator at today's examination. Before you read the specific essay for the skill you will be evaluating today, please take a few moments to review your general responsibilities as a Skill Evaluator:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Evaluator must help ensure that the EMT Assistant and/or Simulated Patient conduct's himself/herself in a similar manner throughout the examination.
- Objectively observing and recording each candidate's performance
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate
- Providing consistent and specific instructions to each candidate by reading the "Instructions to the Psychomotor Skills Candidate" exactly as printed in the material provided by the Office of EMS. Skill Evaluators must limit conversation with candidates to communication of instructions and answering of questions. All Skill Evaluators must avoid social conversation with candidates or making comments on a candidate's performance.
- Recording, totaling, and documenting all performances as required on all skill evaluation forms
- Thoroughly reading the specific essay for the assigned skill before actual evaluation begins
- Checking all equipment, props, and moulage prior to and during the examination
- Briefing any Simulated Patient and EMT Assistant for the assigned skill
- Assuring professional conduct of all personnel involved with the particular skill throughout the examination
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the OEMS Test Examiner and Test Site Coordinator.

This skill is designed to evaluate the candidate's ability to integrate patient assessment and management skills on a moulaged patient with multiple systems trauma. Since this is a scenario-based skill, it will require dialogue between the Skill Evaluator and the candidate.

The candidate will be required to physically perform all assessment steps listed on the evaluation instrument. However, all interventions should be verbalized instead of physically performed.

As you welcome a candidate into the room request to see their ID and write their name on the Evaluation Form **as it appears on the candidate roster (no “Bubbas, JP, BJ”, etc)** then read the “Instructions to the Psychomotor Skills Candidate” and scenario information, be sure to do this in such a manner which does not permit the candidate to view the Simulated Patient. Other candidates waiting to test the skill must not be able to overhear any specific scenario information. It is easiest to have the candidate enter the room and turn his/her back to the Simulated Patient. A partition set-up just inside of the entrance to your room that screens the Simulated Patient from view also works well. After all instructions and scenario information is read, the time limit would start when the candidate turns around and begins to approach the Simulated Patient.

The scene size-up will be accomplished once the candidate enters the testing station. Brief questions such as “Is the scene safe?” may be asked by the candidate. Your response will depend on the scenario utilized. When the candidate attempts to determine the mechanism of injury, your response will depend on the scenario utilized. If the candidate does not assess the safety of the scene before beginning patient assessment or care, no points should be awarded for the step, “Determines the scene/situation is safe” and the related “Critical Criteria” statement must be checked and documented as required. Because of the limitations of moulage, you must establish a dialogue with the candidate throughout this skill. If a candidate quickly inspects, assesses or touches the Simulated Patient in a manner in which you are uncertain of the areas or functions being assessed, you must immediately ask the candidate to explain his/her actions. For example, if the candidate stares at the Simulated Patient's face, you must ask what he/she is checking to precisely determine if he/she was checking the eyes, facial injuries, or skin color.

Any information pertaining to sight, sound, touch, smell, or any injury which cannot be realistically moulaged but would be immediately evident in a real patient (sucking chest wound, paradoxical chest movement, etc.) must be supplied by the Skill Evaluator as soon as the candidate exposes or examines that area of the Simulated Patient. Your responses must not be leading but should factually state what the candidate would normally see, hear, or feel on a similar patient in the out-of-hospital setting. For example, upon exposure of a sucking chest wound, your response should immediately be, “You see frothy blood bubbling from that wound and you hear noises coming from the wound site.” You have provided an accurate and immediate description of the exposed wound by supplying the visual and auditory information normally present with this type of injury. An unacceptable response would be merely stating, “The injury you just exposed is a sucking chest wound.”

Because of the dynamic nature of this scenario-based evaluation, you will need to supply logical vital signs and update the candidate on the Simulated Patient's condition in accordance with the treatments he/she has provided. Clinical information not obtainable by inspection or palpation, such as breath sounds, should be supplied immediately after the candidate properly demonstrates how this information would normally be obtained in the field. The candidate will be required to physically obtain the first set of vital signs from the patient before being given the scenario vitals. The candidate may direct one of their imaginary EMT assistants to obtain any repeat patient vital signs. The evaluator must provide the candidate with the patient's pulse rate, respiratory rate and blood pressure when asked. The evaluator must give vital signs as indicated on the scenario furnished by the OEMS Test Examiner.

The step "Takes vital signs" has been placed in the "Secondary Assessment and Vital Signs" section of the skill sheet. This should not be construed as the only place that vital signs may be assessed. It is merely the earliest point in the out-of-hospital assessment where a complete set of vital signs should be obtained in the multisystem trauma patient. It is acceptable for the candidate to call for immediate evacuation of the Simulated Patient based upon the absence of distal pulses without obtaining an accurate BP measurement by sphygmomanometer. If this occurs, advise the candidate that a BP measurement by sphygmomanometer must be demonstrated by the candidate at some point in this skill station.

All initial vital signs should be assessed by the candidate to include pulse, respirations and blood pressure. Subsequent vital signs obtained during the reassessment and transport may be verbalized. **Candidates are not evaluated on the accuracy of the vitals obtained, but rather the technique. If the candidate could have obtained a set of vitals through their technique, they will receive credit.**

You should continue providing a clinical presentation of shock (hypotension, tachycardia, delayed capillary refill, etc.) until the candidate initiates appropriate shock management. It is essential that you do not present a "physiological miracle" by improving the Simulated Patient too much at too early a step. If on the other hand no treatments or inappropriate treatments are rendered, you should supply clinical information representing a deteriorating patient. However, do not deteriorate the Simulated Patient to the point where the candidate elects to initiate CPR.

Because all treatments are voiced, a candidate may forget what he/she has already done to the Simulated Patient. This may result in the candidate attempting to do assessment/treatment steps on the Simulated Patient that are physically impossible. For example, a candidate may attempt to assess the posterior thorax of the Simulated Patient after the Simulated Patient was log rolled and secured to a long backboard. Your appropriate response in this instance would be, "You have secured the Simulated Patient to the long backboard. How would you assess the posterior thorax?" This also points out the need for you to ensure the Simulated Patient is actually rolling or moving as the candidate conducts his/her assessment just like a real patient.

The evaluation form should be reviewed prior to testing any candidate. You should direct any specific questions to the OEMS Test Examiner for clarification prior to beginning any evaluation. As you look at the evaluation form, its format implies a linear, top-to-bottom progression in which the candidate completes several distinct categories of assessment. However, as you will recall, the goal of appropriate out-of-hospital trauma care is the rapid and sequential assessment, evaluation, and treatment of life-threatening conditions to the airway, breathing, and circulation (ABCs) of the patient with rapid transport to proper definitive care. For this reason, perhaps the most appropriate assessment occurs when the candidate integrates portions of the "Secondary Assessment" when appropriate within the sequence of the "Primary Assessment." For example, it is acceptable for the candidate who, after appropriately opening and evaluating the Simulated Patient's airway, assesses breathing by exposing and palpating the chest and quickly checks for tracheal deviation. With this in mind, you can see how it is acceptable to integrate assessment of the face, neck, chest, posterior thorax, areas into the "Primary Assessment" sequence as outlined on the evaluation form. This integration should not occur in a haphazard manner but should fall in the appropriate sequence and category of airway, breathing, or circulatory assessment of the "Primary Assessment." **However, if the mechanism of injury suggests potential spinal compromise, cervical spine precautions may not be disregarded at any point. If this action occurs, deduct the point for the step, "Considers stabilization of the spine," marks the appropriate statement under "Critical Criteria" and document your rationale as required.**

We strongly recommend that you concisely document the entire performance on the backside of the evaluation form, especially if you find yourself too involved with the form in finding the appropriate sections to note and mark during any performance. It is easier to complete the evaluation form with all performances documented in this fashion rather than visually missing a physical portion of the candidate's assessment due to your involvement with the evaluation form. This documentation may also be used to help validate a particular performance if questions arise later.

Immediately upon determining the severity of the Simulated Patient's injuries, the candidate should call for immediate packaging and transport of the Simulated Patient. A request for a transporting EMS service should not be delayed if prolonged extrication is not a consideration. You should inform the candidate to continue his/her assessment and treatment while awaiting arrival of the transporting unit. Be sure to remind the candidate that their "partners" are available during transport. You should stop the candidate promptly when the ten (10) minute time limit has elapsed. Some candidates may finish early and have been instructed to inform you when he/she completes the skill.

If the candidate has not voiced transport of the Simulated Patient within this time limit, mark the appropriate statement under "Critical Criteria" on the evaluation form and document this omission.

You should review the scenario and instructions with your Simulated Patient to assist in his/her role as a programmed patient. Be sure to program your Simulated Patient to respond as a real patient would, and given all injuries listed in the scenario. Also make sure the Simulated Patient logrolls, moves, or responds appropriately given the scenario just as a real patient would. All Simulated Patients should be adults or adolescents who sixteen (16) years or greater of age. All Simulated Patients should also be of average adult height and weight. The use of very small children as Simulated Patients is not permitted in this skill.

All Simulated Patients should wear shorts or a swimsuit, as he/she will be exposed down to the shorts or swimsuit. Outer garments should be provided which the candidate should remove to expose the Simulated Patient. If prepared garments are not available, you should pre-cut all outer garments along the seams and tape them together before any candidate enters your room. This will help ensure that all candidates are evaluated fairly in his/her ability to expose and examine the Simulated Patient.

Pay particular attention to your moulage and make it as realistic as you would expect in a similar out-of-hospital situation. For example, artificial blood should be soaked into the garments worn over any soft tissue injury that would normally bleed in the field. A small tear should be cut into the clothing to represent the location of the stab wound. Remember, realistic and accurate moulage improves the quality of the examination by providing for more fair and accurate evaluation of the candidates.

Please be conscientious of your Simulated Patient's fatigue throughout the examination. Give him/her appropriate breaks and be certain to wrap a blanket around your Simulated Patient to cover any moulaged injuries before dismissing him/her for a break. Also keep in mind that your Simulated Patient may become uncomfortably cold during the examination from laying on the floor and being disrobed throughout the day. A blanket is required equipment in this skill to help keep your Simulated Patient warm throughout the examination. For the comfort of the Simulated Patient a mat may be used on hard floors.

Information for the Simulated Patient

Thank you for serving as the Simulated Patient at today's examination. Please be consistent in presenting this scenario to every candidate who tests in your room today. It is important to respond as would a real patient of a similar multiple trauma situation. The Skill Evaluator will help you understand your appropriate responses for today's scenario. For example, the level of respiratory distress that you should act out and the degree of pain that you exhibit as the candidate palpates those areas should be consistent throughout the examination. As each candidate progresses through the skill, please be aware of any time that he/she touches you in such a way that would cause a painful response in the real patient. If the scenario indicates you are to respond to deep, painful stimuli and the candidate only lightly touches the area, do not respond. Do not give the candidate any clues while you are acting as a Simulated Patient. It is inappropriate to moan that your wrist hurts after you become aware that the candidate has missed that injury. Be sure to move with the candidate as he/she moves you to assess various areas of your body. For example, after the candidate calls for you to be log rolled, please log roll towards the candidate unless he/she orders you to be moved in a different direction. Please remember what areas have been assessed and treated because you and the Skill Evaluator may need to discuss the candidate's performance after he/she leaves the room.

When you need to leave the examination room for a break, be sure to wrap a blanket around you so that other candidates do not see any of your moulaged injuries. A blanket will be provided for you to keep warm throughout the examination. We suggest you wrap the blanket around you to conserve body heat while the Skill Evaluator is completing the evaluation form.

Equipment List:

- 1 Blood Pressure Cuff
- 1 Stethoscope
- 1 Penlight
- 1 Pair of scissors
- 1 Live appropriately moulaged patient
- Examination gloves (optional)

NOTES SPECIFIC TO NEW VEMSES CHECK SHEET

Takes or verbalizes standard precautions (BSI) *if appropriate based on patient scenario*

Refer to scenario. If required and not utilized, 0 points are awarded but no critical failure is checked. If not required and is utilized by the candidate or is not, 1 point should be awarded.

Treatment of Shock

The minimum expectation for the treatment of shock must include:

1. Adequate airway (with or without adjunct)
2. Adequate ventilation (self or manual)
3. Adequate Oxygenation by NRM
4. Control of hemorrhage.
5. Maintain body temperature by preventing heat loss.

Scope of Practice:

EMR/FR candidates are not evaluated on the following criteria and should receive credit for:

Rapid transportation decision

Spinal immobilization using backboards

The following pages include all skills and medications that EMR and EMT candidates may use when appropriate.

PROCEDURE	SKILL	OEMS use	EMR	EMT
Specific tasks in this document shall refer to the Virginia Education Standards.				
AIRWAY TECHNIQUES				
Airway Adjuncts				
	Oropharyngeal Airway		●	●
	Nasopharyngeal Airway		●	●
Airway Maneuvers				
	Head tilt jaw thrust (chin lift)		●	●
	Jaw thrust		●	●
	Chin lift		●	●
	Cricoid Pressure		●	●
	Management of existing Tracheostomy			●
Alternate Airway Devices				
	Non Visualized Airway Devices	Supraglottic		●
Obstructed Airway Clearance				
	Manual		●	●
Intubation				
	Confirmation procedures			●
Oxygen Delivery Systems				
	Nasal Cannula		●	●
	Venturi Mask			●
	Simple Face Mask		●	●
	Partial Rebreather Face Mask			●
	Non-rebreather Face Mask		●	●
	Face Tent			●
	Tracheal Cuff			●
	O2 Powered Flow restricted device			●
	Humidification			●
Suction				
	Manually Operated		●	●
	Mechanically Operated		●	●
	Pharyngeal		●	●
	Bronchial-Tracheal			●
	Oral Suctioning		●	●
	Naso-pharyngeal Suctioning			●
	Endotracheal Suctioning			●
Ventilation – assisted /			EMR	EMT

mechanical				
	Mouth to Mask	Includes :mouth to: mouth, nose, stoma	●	●
	Mouth to Mask with O2		●	●
	Bag-Valve-Mask Adult		●	●
	Bag-Valve-Mask with supplemental O2 Adult		●	●
	Bag-Valve-Mask with supplemental O2 and reservoir Adult		●	●
	Bag-Valve-Mask Pediatric		●	●
	Bag-Valve-Mask with supplemental O2 Pediatric		●	●
	Bag-Valve-Mask with supplemental O2 and reservoir Pediatric		●	●
	Bag-Valve-Mask neonate/infant		●	●
	Bag-Valve-Mask with supplemental O2 Neonate/Infant		●	●
	Bag-Valve-Mask with supplemental O2 and reservoir Neonate/Infant		●	●
	Noninvasive positive pressure vent.	BiPAP;CPAP;PEEP	●	●
Pain Control & Sedation				
	Self Administered inhaled analgesics			●
Blood and Component Therapy Administration				
Diagnostic Procedures				
	Blood chemistry analysis			●
	Capnography			●
	Pulse Oximetry			●
Head and Neck				
	Control of epistaxis		●	●
	Tooth replacement		●	●
Hemodynamic Techniques				
	Monitoring Existing IVs			●
Hemodynamic Monitoring				
	ECG acquisition	3, 4, 12, etc lead	●	●
Obstetrics				
	Delivery of newborn		●	●

			EMR	EMT
Other Techniques				
	Vital Signs		●	●
	Bleeding control	direct pressure, elevation, pressure pt, tourniquet, MAST	●	●
	Medication administration			●
	Nasogastric tube			●
	Orogastric tube			●
	Patient restraint physical			●
	Sexual assault victim management			●
	Wound management		●	●
	Treat and Release			●
				□
Resuscitation				
	Cardiopulmonary resuscitation (CPR) (all ages)		●	●
	Defibrillation/Cardioversion- AED	AED for EMR, EMT, AEMT	●	●
	Post resuscitative care			●
Skeletal Procedures				
	Care of the amputated part		●	●
	Fracture/Dislocation immobilization techniques		●	●
	Spine immobilization techniques		●	●
Body Substance Isolation / PPE			●	●
Lifting and moving techniques			●	●
Ophthalmological				
	Morgan Lenses			●
	Ocular irrigation		●	●

Formulary

CATEGORY		FR	EMT
Analgesics			
	Acetaminophen		●
	Nonsteroidal anti-inflammatory		●
Anesthetics			
	Inhaled-self administered		●
Glucose Altering Agents			
	Glucose Elevating Agents		
	po/pr		●
	im		●
Antidotes			
	Anticholinesterase Antagonists	●	●
	Narcotic Antagonists		●
	Cholinesterase Reactivator	●	●
Biologicals			
	Vaccines		●
	Antibiotics		●
Blood Modifiers			
	Antiplatelet Agents		●
	Hemostatic Agents		●
Cardiovascular Agents			
	Vasodilatory Agents		●
Gas			
	Oxygen	●	●
Gastrointestinal			
	Antidiarrheals		●
	Antiemetics		●
	H2 Blockers		●

Intravenous Fluids			
	M = Maintenance I = Initiate		
	Normal Saline Solutions (NSS - 0.9%)		M
	with Multi=vitamins		M
	with Thiamine		M
	Lactated Ringers		M
	with Multi=vitamins		M
	with Thiamine		M
	D5 1/2 NSS (0.45%)		M
	with Multi=vitamins		M
	with Thiamine		M
	D5 1/4 NSS (0.25%)		M
	with Multi=vitamins		M
	with Thiamine		M
	D5 1/3 NSS (0.33%)		M
	with Multi=vitamins		M
	with Thiamine		M
	1/2 NSS		M
	with Multi=vitamins		M
	with Thiamine		M
	1/3 NSS		M
	with Multi=vitamins		M
	with Thiamine		M
	1/4 NSS		M
	with Multi=vitamins		M
	with Thiamine		M
	D5LR		M
	with Multi=vitamins		M
	with Thiamine		M
Respiratory	Anticholinergics		●
	Sympathomimetics		●
M = Maintenance			
I = Initiate			

Patient Assessment/Management Trauma Instructions to the Candidate

Meet the candidate outside the room where the station will be tested.

Hi. My name is: _____ and I will be your evaluator for the Trauma Assessment/Management Station. May I see your Photo ID please?

Write their name legibly on the top of the evaluation form as it appears on the candidate roster (no “Bubbas, JP, BJ”, etc)

What Level will you be testing today?

Check the appropriate box on the Evaluation Form.

This is the Trauma Patient Assessment/Management Station. This station is designed to test your ability to perform a hands-on assessment of a patient with multi-system trauma and verbally treat all conditions discovered. You must conduct your assessment as you would in the field, including communicating with your patient. You may remove the patient’s clothing down to shorts or swimsuit if you feel it is necessary. As you conduct your assessment, you must state and demonstrate everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You must physically take the first set of vital signs but may verbalize any reassessment of vital signs. You may assume that you have EMTs working with you and that they are correctly carrying out the verbal treatments you indicate. You have ten (10) minutes to complete this skill station. Do you have any questions?

Answer any general questions the candidate may have.

Use the appropriate scenario previously selected for the level the candidate will be testing.

Enter the room and read the dispatch information provided with your scenario. Start 10-minute timer.

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Patient Assessment/Management – Trauma

Station #:

LEVEL TESTED: ☐ FR/EMR ☐ EMT-B/EMT ☐ EMT-Inst/EC

Date: ____/____/____ Test Site Location: _____

Candidate's Name: _____ #: _____ End Time: _____

Evaluator's Name: _____ Start Time: _____

Total Time: _____

NOTE: Areas denoted by "***" may be integrated within the sequence of the Primary Assessment without penalty

USE FOR VEMSES CANDIDATES ONLY		Points Possible	Points Awarded
Takes or verbalizes standard precautions (BSI) <i>if appropriate based on patient scenario</i>		1	
SCENE SIZE-UP			
Determines the scene is safe		1	
Determines the mechanism of injury		1	
Determines the number of patients		1	
Requests additional help if necessary		1	
Considers stabilization of spine		1	
PRIMARY ASSESSMENT			
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness (AVPU)		1	
Determines chief complaint/apparent life threats		1	
Airway	Opens and Assesses airway	1	
	Inserts adjunct as indicated	1	
Breathing	Assessment	1	
	Initiates appropriate oxygen therapy	1	
	Assures adequate ventilation	1	
	Injury management that compromises airway/breathing	1	
Circulation	Assesses/controls major bleeding if present	1	
	Assesses pulse	1	
	Assesses skin (either color, temperature or condition)	1	
	Initiates shock management (proper position, conserve heat)	1	
Identifies priority patients/makes transport decision/integrates treatments to preserve life		1	
HISTORY TAKING			
Obtains S.A.M.P.L.E. history, if able		1	
SECONDARY ASSESSMENT AND VITAL SIGNS			
Obtains vital signs (must include Pulse, Respirations and BP)		1	
Assess the head	Inspects and palpates the scalp and ears	1	
	Assesses the eyes**	1	
	Assesses the facial areas including oral and nasal areas**	1	
Assess the neck**	Inspects and palpates the neck	1	
	Assesses for JVD	1	
	Assesses for tracheal deviation	1	
Assess the chest**	Inspects	1	
	Palpates	1	
	Auscultates	1	
Assess the abdomen/pelvis	Assesses the abdomen	1	
	Assesses the pelvis	1	
	Verbalizes assessment of genitalia/perineum as needed	1	
Assess the extremities	1 point for each extremity Includes inspection, palpation and assessment of motor sensory and circulatory function	4	
Assess the posterior	Assesses thorax**	1	
	Assesses lumbar	1	
Manages secondary injuries and wounds appropriately		1	
REASSESSMENT (verbalized)			
Verbalizes reassessment of the patient and interventions		1	
TOTAL:		42	

Critical Criteria: (You must thoroughly explain your reason for checking any critical criteria on the back of this sheet)

- ☐ 111- Did not determine scene safety
- ☐ 112- Did not provide for spinal protection when indicated
- ☐ 113- Did not assess for and verbalize high concentration of oxygen, if indicated
- ☐ 114- Did not find, or manage, problems associated with airway, breathing, hemorrhage or shock
- ☐ 115- Did other assessment before assessing the airway, breathing and circulation
- ☐ 116- Did not verbalize appropriate intervention or verbalized inappropriate/unsafe treatment
- ☐ 117- Did not verbalize transporting patient within 10-minute time limit, if EMT candidate
- ☐ 118- Did not obtain 33 or more points

☐ P ☐ F

OEMS Examiner
Review

Initials: _____

Bubble T or 2 on Scanform
if Failed

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Patient Assessment/Management – Medical Essay to Skill Evaluators

Thank you for serving as a Skill Evaluator at today's examination. Before you read the specific essay for the skill you will be evaluating today, please take a few moments to review your general responsibilities as a Skill Evaluator:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Evaluator must help ensure that the EMT Assistant and/or Simulated Patient conduct himself/herself in a similar manner throughout the examination.
- Objectively observing and recording each candidate's performance
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate
- Providing consistent and specific instructions to each candidate by reading the "Instructions to the Psychomotor Skills Candidate" exactly as printed in the material provided by the Office of EMS. Skill Evaluators must limit conversation with candidates to communication of instructions and answering of questions. All Skill Evaluators must avoid social conversation with candidates or making comments on a candidate's performance.
- Recording, totaling, and documenting all performances as required on all skill evaluation forms
- Thoroughly reading the specific essay for the assigned skill before actual evaluation begins
- Checking all equipment, props, and moulage prior to and during the examination
- Briefing any Simulated Patient and EMT Assistant for the assigned skill
- Assuring professional conduct of all personnel involved with the particular skill throughout the examination
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the OEMS Test Examiner and Test Site Coordinator.

This skill is designed to evaluate the candidate's ability to use appropriate interviewing techniques and assessment skills for a patient whose chief complaint is of a medical nature. Since this is a scenario-based skill using a live, programmed, Simulated Patient, it will require extensive dialogue between the candidate, the Simulated Patient, and the Skill Evaluator if necessary. The Simulated Patient will answer the candidate's questions based on the scenario being utilized today. The candidate will be required to physically perform all assessment steps listed on the evaluation form. All interventions should be verbalized instead of physically performed. You should also establish a dialogue with the candidate throughout this skill. You

may ask questions for clarification purposes and should also provide any information pertaining to sight, sound, touch, or smell that cannot be realistically moulaged but would be immediately evident in a real patient encounter of a similar nature. You should also ensure the accuracy of the information the Simulated Patient is providing and should immediately correct any erroneous information the Simulated Patient may accidentally provide.

This skill requires the presence of a live, programmed, Simulated Patient. Additionally, the Simulated Patient should remain awake and able to communicate with the candidate throughout the scenario. Please moulage the Simulated Patient and thoroughly brief him/her over his/her roles for the examination. You should ensure the Simulated Patient reads the “Information for the Simulated Patient” provided at the end of this essay. You should also role-play the scenario with him/her prior to evaluating the first candidate to ensure familiarization with the approved scenario for today’s examination. Provide any specific information the candidate asks for as listed in the scenario. If the candidate asks for information not listed in the scenario, you should provide an appropriate response based on your expertise and understanding of the patient’s condition.

As you welcome a candidate into the room request to see their ID and write their name on the Evaluation Form **as it appears on the candidate roster (no “Bubbas, JP, BJ”, etc)** then read the “Instructions to the Psychomotor Skills Candidate” and scenario information, be sure to do this in such a manner which does not permit the candidate to view the Simulated Patient. Other candidates waiting to test the skill should not be able to overhear any specific scenario information. It is easiest to have the candidate enter the room and turn his/her back to the Simulated Patient. A partition set-up just inside of the entrance to your room that screens the Simulated Patient from view also works well. After all instructions and scenario information is read, the time limit would start when the candidate turns around and begins to approach the Simulated Patient.

The scene size-up will be accomplished once the candidate enters the testing station. Brief questions such as “Is the scene safe?” may be asked by the candidate. Your response will depend on the scenario utilized. When the candidate attempts to determine the nature of the illness, your response will depend on the scenario utilized. If the candidate does not assess the safety of the scene before beginning patient assessment or care, no points should be awarded for the step, “Determines the scene/situation is safe” and the related “Critical Criteria” statement should be checked and documented as required.

Because of the limitations of moulage and the ability of the Simulated Patient, you should establish a dialogue with the candidate throughout this skill. **If a candidate quickly inspects, assesses or touches the Simulated Patient in a manner in which you are uncertain of the areas or functions being assessed, you should immediately ask the candidate to explain his/her actions.**

For example, if the candidate stares at the Simulated Patient's face, you should ask what he/she is checking to precisely determine if he/she was checking the eyes, facial injuries, or skin color. Any information pertaining to sight, sound, touch, smell, or any condition that cannot be realistically mouldaged, but would be immediately evident in a real patient should be supplied by the Skill Evaluator as soon as the candidate exposes or examines that area of the Simulated Patient. Your responses should not be leading, but should factually state what the candidate would normally see, hear, or feel on a similar patient in the out-of-hospital setting. For example, you should state, "You see pink, frothy sputum coming from the patient's mouth as he/she coughs." You have provided an accurate and immediate description of the condition by supplying a factual description of the visual information normally present in the patient but is difficult to mouldage. An unacceptable response would be merely stating, "The patient is experiencing left heart failure."

Because of the dynamic nature of this scenario-based evaluation, you will need to supply logical vital signs and update the candidate on the Simulated Patient's condition in accordance with the treatments he/she has provided. Clinical information not obtainable by inspection or palpation, such as breath sounds, should be supplied immediately after the candidate properly demonstrates how this information would normally be obtained in the field. The candidate will be required to physically obtain the first set of vital signs from the patient before being given the scenario vitals. The candidate may direct one of their imaginary EMT assistants to obtain any repeat patient vital signs. The evaluator must provide the candidate with the patient's pulse rate, respiratory rate and blood pressure when asked. The evaluator must give vital signs as indicated on the scenario furnished by the OEMS Test Examiner.

Information pertaining to vital signs should not be provided until the candidate actually takes the vital signs of the Simulated Patient (BP, P and R) using a stethoscope and a blood pressure cuff. Each candidate must actually obtain vital signs on the patient, including blood pressure, pulse rate and respiratory rate. Be sure to record the measured and reported vital signs on the appropriate spaces of the skill evaluation form. **Candidates are not evaluated on the accuracy of the vitals obtained, but rather the technique. If the candidate could have obtained a set of vitals through their technique, they will receive credit.**

If you are asked for the patient's oxygen saturation, inform the candidate that the pulse oximeter is not available. Similarly, if a blood glucose level is not supplied in the scenario, inform the candidate the glucometer is not available.

After the candidate measures the actual vital signs of the Simulated Patient, you may need to inform the candidate of "adjusted" vital signs based upon the testing scenario for the examination as compared to the actual vital signs just obtained by the candidate.

You should continue providing a clinical presentation of a patient with a significant medical complaint as outlined in the scenario until the candidate initiates appropriate management. It is essential that you do not present a "physiological miracle" by improving the Simulated Patient too much at too early a step. If on the other hand no or inappropriate interventions are rendered, you should supply clinical information representing a patient who does not improve. However, do not deteriorate the Simulated Patient to the point where he/she can no longer communicate with the candidate.

Imaginary EMT assistants are available only to provide treatments as ordered by the candidate. Because all treatments are voiced, a candidate may forget what he/she has already done to the Simulated Patient. This may result in the candidate attempting to do assessment/treatment steps on the Simulated Patient that are physically impossible. For example, a candidate may attempt to assess the back of a Simulated Patient who was found supine in bed. Your appropriate response in this instance would be, "Please assess this Simulated Patient as you would a real patient in the out-of-hospital setting." This also points out the need for you to ensure the Simulated Patient is actually presenting and moving upon the candidate's directions just like a real patient would during an actual call.

The evaluation form should be reviewed prior to evaluating any candidate. You should direct any specific questions to the In-charge person for clarification prior to opening your skill. As you look at the evaluation form, its format implies a linear, top-to-bottom progression in which the candidate completes several distinct categories of assessment.

However, as you will recall, after completing the "Primary Assessment" and determining that the patient does not require immediate and rapid transport, the steps listed in the "History Taking/Secondary Assessment" section may be completed in any number of acceptable sequences. For the purpose of this station, there will be only one patient and cervical spine stabilization is not indicated. The point for "Interventions" will be awarded based on the candidate's ability to verbally provide appropriate treatment for the medical emergency described in the scenario. For example, if the patient is complaining of breathing difficulty, the point for interventions will be awarded if the candidate verbalizes administration of oxygen to the patient.

We strongly recommend that you concisely document the entire performance on the backside of the evaluation form, especially if you find yourself too involved with the form in finding the appropriate sections to note and mark during any performance. It is easier to complete the evaluation form with all performances documented in this fashion rather than visually missing a physical portion of the candidate's assessment due to your involvement with the evaluation form. This documentation may also be used to help validate a particular performance if questions should arise later.

Immediately after completing the "Primary Assessment," the candidate should make the appropriate decision to continue assessment and treatment at the scene or call for immediate transport of the patient. In the critical patient, transport to the nearest appropriate facility should not be significantly delayed for providing interventions or performing other assessments if prolonged extrication or removal is not a consideration. **You should inform the candidate who chooses to immediately transport the critical patient to continue his/her "Secondary Assessment" while awaiting arrival of the EMS vehicle. Be sure to remind the candidate that "partners" are also available.** You should stop the candidate promptly after he/she completes a verbal report to an arriving EMS unit or when the ten (10) minute time limit has elapsed. Some candidates may finish early and have been instructed to inform you when he/she completes the skill. If the candidate has not voiced transport of the Simulated Patient within this time limit, mark the appropriate statement under "Critical Criteria" on the evaluation form and document this omission.

You should review the scenario and instructions with your Simulated Patient to assist in his/her role as a programmed patient. Make sure the Simulated Patient acts, moves, and responds appropriately given the scenario just as a real patient would. You may need to confirm a portion of the candidate's performance with the Simulated Patient to help ensure a thorough and complete evaluation. All Simulated Patients should be adults or adolescents who are sixteen (16) years of age or greater. All Simulated Patients should also be of average adult height and weight. The use of very small children as Simulated Patients is not permitted in this skill. The Simulated Patient should also be wearing shorts or a swimsuit, as he/she will be exposed down to the shorts or swimsuit. Outer garments should be provided which the candidate should remove to expose the Simulated Patient. If prepared garments are not available, you should pre-cut all outer garments along the seams and tape them together before any candidate enters your room. This will help ensure that all candidates are evaluated fairly in his/her ability to expose and examine the Simulated Patient. Pay particular attention to your moulage and make it as realistic as you would expect in a similar out-of-hospital situation. For example, the shirt should be soaked with water if the patient's skin is moist. Remember, realistic and accurate moulage improves the quality of the examination by providing for more fair and accurate evaluation of the candidates.

Information for the Simulated Patient

Thank you for serving as the Simulated Patient at today's examination. In this examination, you will be required to role-play a patient experiencing an acute medical condition. Please be consistent in presenting this scenario to every candidate who tests in your room today. The level of responsiveness, anxiety, respiratory distress, etc., which you act out should be the same for all candidates. It is important to respond as a real patient with a similar medical complaint would.

The Skill Evaluator will help you understand your appropriate responses for today's scenario. For example, the level of respiratory distress that you should act out should be consistently displayed throughout the examination.

As each candidate progresses through the skill, please be aware of any questions you are asked and respond appropriately given the information in the scenario. Do not overact or provide additional signs or symptoms not listed in the scenario. It is very important to be completely familiar with all of the information in today's scenario before any candidate enters your room for testing. The Skill Evaluator will be role-playing several practice sessions with you to help you become comfortable with your roles today as a programmed patient. If any candidate asks for information not contained in the scenario, the Skill Evaluator will supply appropriate responses to questions if you are unsure of how to respond. Do not give the candidate any clues while you are acting as a patient. It is inappropriate to moan that your belly really hurts after you become aware that the candidate has not assessed your abdomen. Be sure to move as the candidate directs you to move so he/she may assess various areas of your body. For example, if the candidate asks you to sit up so he/she may assess your back, please sit up as a cooperative patient would. Please remember what areas have been assessed and treated because you and the Skill Evaluator may need to discuss the candidate's performance after he/she leaves the room.

When you need to leave the examination room for a break, be sure to wrap a blanket around you so that other candidates do not see any of your moulage. A blanket will be provided for you to keep warm throughout the examination. We suggest you wrap the blanket around you to conserve body heat while the Skill Evaluator is completing the evaluation form.

Equipment List

Do not open this skill for testing until the OEMS Test Examiner has provided you with an approved medical assessment scenario. You should also have a live Simulated Patient who is an adult or adolescent sixteen (16) years of age or greater. The Simulated Patient should also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which he/she will be exposed. The following equipment should also be available and you should ensure that it is working adequately throughout the examination:

- 1 Blood Pressure Cuff
- 1 Adult Stethoscope
- 1 Penlight
- 1 Pair of scissors
- 1 moulaged patient
- Examination gloves (optional)

Notes specific to New VEMSES Check Sheet

Takes or verbalizes standard precautions (BSI) *if appropriate based on patient scenario*

Refer to scenario. If required and not utilized, 0 points are awarded but no critical failure is checked. If not required and is utilized by the candidate or is not, 1 point should be awarded.

History of present illness (investigate chief complaint)

☐ Onset (1 point) ☐ Provocation (1 point) ☐ Quality (1 point)

☐ Radiation (1 point) ☐ Severity (1 point) ☐ Time (1 point)

☐ Clarifying questions of associated signs and symptoms related to OPQRST (2 points)

The candidate utilizes appropriate follow-up questions related to significant findings obtained during the assessment of the HPI.

Assesses affected body part/system(s) (1 point for each required system – Maximum of 2 points)

- Cardiovascular - Neurological - Integumentary - Reproductive- Pulmonary
- Musculoskeletal - GI/GU - Psychological/Social

a. The candidate must assess the affected body systems related to the chief complaint. Refer to the scenario. 1 point is awarded for each involved system assessed up to a maximum of 2 points. No further points are awarded over 2 if any additional system is assessed.

Treatment of Shock:

The minimum expectation for the treatment of shock must include:

1. Adequate airway (with or without adjunct)
2. Adequate ventilation (self or manual)
3. Adequate Oxygenation by NRM
4. Control of hemorrhage.
5. Maintain body temperature by preventing heat loss.

Scope of Practice:

The following pages include all skills and medications that EMR and EMT candidates may use when appropriate.

PROCEDURE	SKILL	OEMS use	EMR	EMT
Specific tasks in this document shall refer to the Virginia Education Standards.				
AIRWAY TECHNIQUES				
Airway Adjuncts				
	Oropharyngeal Airway		●	●
	Nasopharyngeal Airway		●	●
Airway Maneuvers				
	Head tilt jaw thrust (chin lift)		●	●
	Jaw thrust		●	●
	Chin lift		●	●
	Cricoid Pressure		●	●
	Management of existing Tracheostomy			●
Alternate Airway Devices				
	Non Visualized Airway Devices	Supraglottic		●
Obstructed Airway Clearance				
	Manual		●	●
Intubation				
	Confirmation procedures			●
Oxygen Delivery Systems				
	Nasal Cannula		●	●
	Venturi Mask			●
	Simple Face Mask		●	●
	Partial Rebreather Face Mask			●
	Non-rebreather Face Mask		●	●
	Face Tent			●
	Tracheal Cuff			●
	O2 Powered Flow restricted device			●
	Humidification			●
Suction				
	Manually Operated		●	●
	Mechanically Operated		●	●
	Pharyngeal		●	●
	Bronchial-Tracheal			●
	Oral Suctioning		●	●
	Naso-pharyngeal Suctioning			●
	Endotracheal Suctioning			●

Ventilation – assisted / mechanical				
	Mouth to Mask	Includes :mouth to: mouth, nose, stoma	●	●
	Mouth to Mask with O2		●	●
	Bag-Valve-Mask Adult		●	●
	Bag-Valve-Mask with supplemental O2 Adult		●	●
	Bag-Valve-Mask with supplemental O2 and reservoir Adult		●	●
	Bag-Valve-Mask Pediatric		●	●
	Bag-Valve-Mask with supplemental O2 Pediatric		●	●
	Bag-Valve-Mask with supplemental O2 and reservoir Pediatric		●	●
	Bag-Valve-Mask neonate/infant		●	●
	Bag-Valve-Mask with supplemental O2 Neonate/Infant		●	●
	Bag-Valve-Mask with supplemental O2 and reservoir Neonate/Infant		●	●
	Noninvasive positive pressure vent.	BiPAP;CPAP;PEEP	●	●
Pain Control & Sedation				
	Self Administered inhaled analgesics			●
Blood and Component Therapy Administration				
Diagnostic Procedures				
	Blood chemistry analysis			●
	Capnography			●
	Pulse Oximetry			●
Head and Neck				
	Control of epistaxis		●	●
	Tooth replacement		●	●
Hemodynamic Techniques				
	Monitoring Existing IVs			●
Hemodynamic Monitoring				
	ECG acquisition	3, 4, 12, etc lead	●	●
Obstetrics				
	Delivery of newborn		●	●

Other Techniques				
	Vital Signs		●	●
	Bleeding control	direct pressure, elevation, pressure pt, tourniquet, MAST	●	●
	Medication administration			●
	Nasogastric tube			●
	Orogastric tube			●
	Patient restraint physical			●
	Sexual assault victim management			●
	Wound management		●	●
	Treat and Release			●
				□
Resuscitation				
	Cardiopulmonary resuscitation (CPR) (all ages)		●	●
	Defibrillation/Cardioversion- AED	AED for EMR, EMT, AEMT	●	●
	Post resuscitative care			●
Skeletal Procedures				
	Care of the amputated part		●	●
	Fracture/Dislocation immobilization techniques		●	●
	Spine immobilization techniques		●	●
Body Substance Isolation / PPE			●	●
Lifting and moving techniques			●	●
Ophthalmological				
	Morgan Lenses			●
	Ocular irrigation		●	●

Formulary

Intravenous Fluids			
	M = Maintenance I = Initiate		
	Normal Saline Solutions (NSS - 0.9%)		M
	with Multi=vitamins		M
	with Thiamine		M
	Lactated Ringers		M
	with Multi=vitamins		M
	with Thiamine		M
	D5 1/2 NSS (0.45%)		M
	with Multi=vitamins		M
	with Thiamine		M
	D5 1/4 NSS (0.25%)		M
	with Multi=vitamins		M
	with Thiamine		M
	D5 1/3 NSS (0.33%)		M
	with Multi=vitamins		M
	with Thiamine		M
	1/2 NSS		M
	with Multi=vitamins		M
	with Thiamine		M
	1/3 NSS		M
	with Multi=vitamins		M
	with Thiamine		M
	1/4 NSS		M
	with Multi=vitamins		M
	with Thiamine		M
	D5LR		M
	with Multi=vitamins		M
	with Thiamine		M
Respiratory	Anticholinergics		●
	Sympathomimetics		●
M = Maintenance			
I = Initiate			

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Patient Assessment/Management Medical Instructions to the Candidate

Meet the candidate outside the room where the station will be tested.

Hi. My name is: _____ and I will be your evaluator for the Medical Assessment/Management Station. May I see your Photo ID please?

Write their name legibly on the top of the evaluation form as it appears on the candidate roster (no "Bubbas, JP, BJ", etc)

This is the Medical Patient Assessment/Management Station. This station is designed to test your ability to perform a hands-on assessment of a patient with a chief complaint of a medical nature and verbally treat all conditions discovered. You must conduct your assessment as you would in the field, including communicating with your patient. You may remove the patient's clothing down to their shorts or swimsuit if you feel it is necessary. As you conduct your assessment, you must state and demonstrate everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You must physically take the first set of vital signs but may verbalize any reassessment of vital signs. You may assume that you have EMTs working with you and that they are correctly carrying out the verbal treatments you indicate. You have ten (10) minutes to complete this skill station. Do you have any questions?

Answer any general questions the candidate may have.

Enter the room and read the dispatch information provided with your scenario. Start 10-minute timer

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Patient Assessment/Management – Medical

Station #:

LEVEL TESTED: ☐ EMT-B/EMT ☐ EMT-Inst/EC

Date: ____/____/____

Test Site Location: _____

Candidate's Name: _____ #: _____ End Time: _____

Evaluator's Name: _____ Start Time: _____

Total Time: _____

USE FOR VEMSES CANDIDATES ONLY		Points Possible	Points Awarded
Takes or verbalizes standard precautions (BSI) <i>if appropriate based on patient scenario</i>		1	
SCENE SIZE-UP			
Determines the scene is safe		1	
Determines the nature of illness		1	
Determines the number of patients		1	
Requests additional help if necessary		1	
Considers stabilization of spine		1	
PRIMARY ASSESSMENT			
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness (AVPU)		1	
Determines chief complaint/apparent life threats		1	
Assess airway and breathing	Assessment	1	
	Initiates appropriate oxygen therapy / appropriate adjunct	1	
	Assures adequate ventilation	1	
Assess circulation	Assesses/controls major bleeding if present	1	
	Assesses pulse	1	
	Assesses skin (either color, temperature, or condition)	1	
Identifies priority patients/makes transport decision/integrates treatments to preserve life		1	
HISTORY TAKING			
History of present illness (investigate chief complaint)		8	
<input type="checkbox"/> Onset (1 point) <input type="checkbox"/> Provocation (1 point) <input type="checkbox"/> Quality (1 point)			
<input type="checkbox"/> Radiation (1 point) <input type="checkbox"/> Severity (1 point) <input type="checkbox"/> Time (1 point)			
<input type="checkbox"/> Clarifying questions of associated signs and symptoms related to OPQRST (2 points)			
Past medical history		5	
<input type="checkbox"/> Allergies (1 point) <input type="checkbox"/> Medications (1 point) <input type="checkbox"/> Pertinent history (1 point)			
<input type="checkbox"/> Last oral intake (1 point) <input type="checkbox"/> Events leading to present illness (1 point)			
SECONDARY ASSESSMENT AND VITAL SIGNS			
Assesses affected body part/system(s) <i>(1 point for each required system – Maximum of 2 points)</i>		2	
- Cardiovascular - Neurological - Integumentary - Reproductive			
- Pulmonary - Musculoskeletal - GI/GU - Psychological/Social			
Obtains vital signs <input type="checkbox"/> Pulse (1 pt) <input type="checkbox"/> Blood Pressure (1 pt) <input type="checkbox"/> Resp rate (1 pt) <input type="checkbox"/> Resp quality (1 pt)		4	
Interventions <i>(verbalizes proper intervention / treatment / contact medical control)</i>		1	
REASSESSMENT (verbalized)			
Repeats primary assessment		1	
Verbalizes reassessment of vital signs		1	
Repeats assessment regarding patient complaint/injuries and interventions		1	
TOTAL:		39	

Critical Criteria: (You must thoroughly explain your reason for checking any critical criteria on the back of this sheet)

- ☐ 101- Did not determine scene safety
- ☐ 102- ~~Did not determine scene safety~~
- ☐ 103- Did not assess for and verbalize administration of appropriate concentration of oxygen, if indicated
- ☐ 104- Did not find, or manage, problems associated with airway, breathing, circulation or shock
- ☐ 105- Performs Secondary assessment before assessing/treating airway, breathing and circulation
- ☐ 106- Did not verbalize transporting patient within 10-minute time limit
- ☐ 107- Did not verbalize appropriate intervention/safe medication administration/contact medical control
- ☐ 108- Did not obtain 31 or more points

☐ P ☐ F

OEMS Examiner
Review

Initials: _____

Bubble B or 1 on Scanform if
Failed

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Random Skills Essay to Skill Evaluators

Essays and instructions for five (7) skills are included in this essay. Candidates must test the skills as follows:

Both FR/EMR and EMT candidates will test the Trauma Assessment station.

This station is designed to be a truly random skills station.

The candidate will randomly choose from the following skills based on their level of testing:

First Responder/EMR

- Airway
- Bleeding & Shock Management
- Immobilization Skills – Joint Injury
- Immobilization Skills – Long Bone

EMT

- Airway
- Bleeding & Shock Management
- Immobilization Skills – Joint Injury
- Immobilization Skills – Long Bone
- Immobilization Skills – Traction Splint
- Spinal Immobilization – Seated Patient
- Spinal Immobilization – Supine Patient

Candidates retesting any skill must retest the specific skill previously failed*. Therefore, all equipment for all seven (7) skills must be available and properly functioning before beginning any evaluation. Should any candidate dispute any skill that you direct him/her to complete, please contact the OEMS Test Examiner **immediately** for clarification. **Do not let the candidate leave the room until the matter is resolved with the OEMS Test Examiner.** The essays that follow are:

1. Airway
2. Spinal Immobilization (Supine Patient)
3. Spinal Immobilization (Seated Patient)
4. Bleeding Control/Shock Management
5. Long Bone Immobilization
6. Joint Immobilization
7. Traction Splinting

***Retesting candidates are not required to retest the specific wound site failed.**

Thank you for serving as a Skill Evaluator at today's examination. Before you read the specific essay(s) for the skill(s) you will be evaluating today, please take a few moments to review your general responsibilities as a Skill Evaluator:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Evaluator must help ensure that the EMT Assistant and/or Simulated Patient conduct himself/herself in a similar manner throughout the examination.
- Objectively observing and recording each candidate's performance
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate.
- Providing consistent and specific instructions to each candidate by reading the "Instructions to the Psychomotor Skills Candidate" exactly as printed in the material provided by the Office of EMS. Skill Evaluators must limit conversation with candidates to communication of instructions and answering of questions. All Skill Evaluators must avoid social conversation with candidates or making comments on a candidate's performance.
- Recording, totaling, and documenting all performances as required on all skill evaluation forms
- Thoroughly reading the specific essay for the assigned skill before actual evaluation begins
- Checking all equipment, props, and moulage prior to and during the examination
- Briefing any Simulated Patient and EMT Assistant for the assigned skill
- Assuring professional conduct of all personnel involved with the particular skill throughout the examination.
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the OEMS Test Examiner and Test Site Coordinator.

Airway, Oxygen & Ventilation Skills Essay to Evaluators

This station is designed to test the candidate's ability to properly suction a patient's airway, measure and insert a nasopharyngeal airway, an oropharyngeal airway, and properly ventilate a patient using a BVM.

The equipment needed at this station includes various sizes of oropharyngeal and nasopharyngeal airways and a suction device (actual or simulated) and a hard-tip suction catheter with a thumb-port. Additionally, this station requires an airway mannequin that can accept the insertion of an oropharyngeal and nasopharyngeal airway and allow demonstration of proper ventilation using a complete BVM (oxygen tubing, reservoir, mask etc.). The patient may be an intubation head; however, it should be life size and have anatomically correct airway structures.

To determine proper suctioning technique, the candidate will insert the hard-tip catheter into the oral cavity without suction. The candidate will apply suction by occluding the thumb-port on the hard-tip catheter. If the candidate does not properly occlude the thumb-port, the evaluator must advise, "You do not see any return of secretions." The candidate must take corrective action, and if the problem is not identified, then the appropriate critical criteria must be checked. The candidate will suction for no more than 15 seconds at a time.

To determine proper nasopharyngeal placement, the candidate will select the proper length by measuring from the tip of the nose to the bottom of the earlobe. The candidate will lubricate the airway and insert it posteriorly. The bevel should be toward the base of the nose or toward the septum.

The technique for opening a patient's mouth and inserting an oropharyngeal airway varies from textbook to textbook. Since concern for spinal immobilization is not required at this station, the ultimate criteria for appropriately opening the patient's mouth and inserting the oropharyngeal airway should be that the tongue is not displaced posteriorly. The candidate will measure from the corner of the patient's lips to the bottom of the earlobe or angle of jaw, open the patient's mouth and insert the airway.

To evaluate the candidate's proper use of the BVM, the candidate will select correct mask size, place it on the patient and obtain a proper seal. The candidate will ventilate at rate consistent with the current AHA guidelines for adult ventilation on room air. The candidate will then connect the BVM to the oxygen regulator and set the flow-rate to 15 lpm or greater. The evaluator will indicate the arrival of a second EMT. The candidate will reopen the airway and create a proper mask-to-face seal. The candidate will instruct the assistant to ventilate at rate consistent with the current AHA guidelines for adult ventilation. If the candidate elects to ventilate initially with the BVM attached to oxygen, full credit must be awarded for those steps as long as the first ventilation is delivered within 30 seconds of being informed that the patient has become apneic. Please see the check sheet for the expected ventilatory rate.

In this station, the evaluator must correctly interact with the candidate at the appropriate time. Remember, you are not to indicate to the candidate if they have successfully completed one or all of the skills required in this station. When the candidate appears to have finished performing the skill, regardless of whether the skill was performed correctly, the evaluator must read the next required statement to allow the candidate to move forward. After you have observed the candidate ventilate the mannequin for 30 seconds, you should read the appropriate statement and direct the assistant to enter the station. When the second EMT enters, the candidate must instruct them to ventilate at the appropriate rate while the candidate maintains an effective mask seal.

NOTES SPECIFIC TO NEW VEMSES CHECK SHEET

Takes or verbalizes standard precautions (BSI) *if appropriate based on patient scenario*

Actual or verbalized standard precautions are required in this station and are a critical failure if not done by the candidate.

Equipment List

- 1 set of Oropharyngeal Airways of various sizes to include the appropriate sized for mannequin
- 1 set of Nasopharyngeal Airways of various sizes to include the appropriate sized for mannequin
- Lubricant for NP Airways
- 1 Tongue blade
- 1 Electric or battery operated suction device or simulated with tubing (does not need to operate)
- 1 Hard-tip suction catheter with a thumb port
- 1 Airway mannequin or life-size intubation head that allows insertion of OP and NP airways and proper ventilation with a BVM. If an intubation head is used, the exposed lungs must be covered by a shirt or other covering.
- 1 Adult BVM with reservoir and O2 attachment tubing
- 1 O2 tank with regulator or OEMS approved alternative that will allow attachment of BVM tubing (prefer retired or empty tanks)
- 1 adult stethoscope
- 1 EMT Assistant
- Examination gloves (optional)

Airway, Oxygen & Ventilation Skills Instructions to the Candidate

Choose the AIRWAY, OXYGEN & VENTILATION SKILLS score sheet

May I see your Photo ID please?

Write the candidate's name legibly on the form along with your as it appears on the candidate roster (no "Bubbas, JP, BJ", etc)

This station is designed to test your ability to properly suction a patient's upper airway, measure, insert and remove a nasopharyngeal airway and then an oropharyngeal airway, and ventilate an apneic patient using a BVM. You may use any equipment supplied for this station. An EMT Assistant will enter at the appropriate time and will correctly follow your directions. You have ten (10) minutes to complete this station.

Please take a moment to look over the equipment.

Allow the candidate to review the equipment.

Do you have any questions regarding the equipment supplied?

Answer any questions they may have.

Do you have any other questions?

You may begin. *Start 10-minute timer.*

"Please suction the patient's airway."

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Airway, Oxygen & Ventilation Skills

Random Station

#:

LEVEL TESTED: ☐ FR/EMR ☐ EMT-B/EMT ☐ EMT-Inst/EC

Date: ____/____/____

Test Site Location: _____

Candidate's Name: _____ #: _____ End Time: _____

Evaluator's Name: _____ Start Time: _____

Total Time: _____

USE FOR VEMSES CANDIDATES ONLY

** If the candidate elects to ventilate initially with the BVM attached to oxygen, full credit must be awarded for those steps as long as the first ventilation is delivered within 30 seconds of being told to ventilate.

Note: The evaluator must advise the candidate, "Please suction the patient's airway."

Takes or verbalizes standard precautions (BSI)

Points
PossiblePoints
Awarded

1

Turns on/prepares suction device

1

Assures presence of mechanical suction (may verbalize)

1

Inserts the suction tip without occluding thumb-hole

1

Applies suction to the oropharynx

1

Note: The evaluator must advise the candidate, "Please insert a nasopharyngeal airway."

Selects a nasopharyngeal airway

1

Measures the nasopharyngeal airway

1

Lubricates the nasopharyngeal airway

1

Fully inserts the nasopharyngeal airway with the bevel facing towards the septum

1

Note: The evaluator must advise the candidate, "Please remove the nasal airway and place an oral airway."

Removes the nasopharyngeal airway

1

Selects an oropharyngeal airway

1

Measures the oropharyngeal airway

1

Inserts oropharyngeal airway without displacing the tongue posteriorly

1

Note: The evaluator must advise the candidate, "Please ventilate the patient with a bag-valve mask."

Opens the airway using the head-tilt chin-lift

1

Selects appropriate sized mask

1

Creates a proper mask-to-face seal

1

Ventilates patient at 10-12 times per minute and with adequate volume
(**The evaluator must witness for at least 30 seconds**)

1

Connects the BVM reservoir to oxygen regulator**

1

Adjusts regulator liter flow to 15 liters/minute or greater**

1

Note: The evaluator states, "An EMT assistant has arrived." The candidate must instruct the EMT assistant to ventilate the patient while the candidate controls the mask and airway.

Candidate reopens the airway

1

Candidate creates a proper mask-to-face seal

1

Candidate instructs assistant to resume ventilation at 10-12 times per minute and adequate volume

1

TOTAL:**22****Critical Criteria: (You must thoroughly explain your reason for checking any critical criteria on the back of this sheet)**

- ☐ 121- Did not take or verbalize standard precautions (BSI)
- ☐ 122- Did not demonstrate an acceptable suction technique
- ☐ 123- Did not obtain a patent airway with the nasopharyngeal airway
- ☐ 124- Did not obtain a patent airway with the oropharyngeal airway
- ☐ 125- Inserted any adjunct in a manner dangerous to the patient
- ☐ 126- Did not initiate ventilations within 30 seconds of being instructed to do so
- ☐ 127- Interrupted ventilations for more than 30 seconds
- ☐ 128- Did not provide high concentration of oxygen
- ☐ 129- Did not provide, or direct assistant to provide, proper rate and adequate volume per breath
- ☐ 130- Did not receive at least 18 points

☐ P ☐ FOEMS Examiner
Review

Initials: _____

Bubble M or 3 on
Scanform if Failed

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Spinal Immobilization (Supine Patient) Essay to Skill Evaluators

This skill is designed to evaluate the candidate's ability to immediately protect and immobilize the Simulated Patient's spine by using a rigid long spinal immobilization device. The candidate will be advised that the scene survey and primary survey have been completed and no condition requiring further resuscitation efforts or urgent transportation is present. The Simulated Patient will present lying on his/her back, arms straight down at his/her side, and feet together. Candidates should not have to be concerned with distracters such as limb realignment, prone or other unusual positions. The presenting position of the Simulated Patient must be identical for all candidates.

The candidate will be required to treat the specific, isolated problem of a suspected unstable spine. Primary and secondary assessments of airway, breathing, and central circulation are not required in this skill. The candidate will be required to check motor, sensory, and circulatory function in each extremity at the proper times throughout this skill. If a candidate fails to check any of these functions in any extremity, a zero must be awarded for this step in the "Points Awarded" column.

There are various long spine immobilization devices utilized in the EMS community. The evaluation form was designed to be generic so it could be used to evaluate the candidate regardless of the immobilization device used. You should have a long spine immobilization device used in the local EMS system, long spine board, and/or optional scoop stretcher. The candidate may choose to bring a device with which he/she is familiar. The OEMS Test Examiner must approve this device and you must be familiar with its proper use before evaluation of the candidate begins. Do not indicate displeasure with the candidate's choice of equipment. Be sure to evaluate the candidate on how well he/she immobilizes and protects the Simulated Patient's spine, not on what immobilization device is used.

The candidate must, with the help of an EMT Assistant and the Skill Evaluator, move the Simulated Patient from the ground onto the long spinal immobilization device. There are various acceptable ways to move a patient from the ground onto a long spinal immobilization device (i.e. logroll, straddle slide, etc.). You should not advocate one method over the others. All methods should be considered acceptable as long as spinal integrity is not compromised. Regardless of the method used, the EMT Assistant should control the head and cervical spine while the candidate and evaluator move the Simulated Patient upon direction of the candidate.

Immobilization of the lower spine/pelvis in line with the torso is required. Lateral movement of the legs will cause angulation of the lower spine and should be avoided. Additionally, tilting the backboard when the pelvis and upper legs are not secured will ultimately cause movement of the legs and angulation of the spine.

This skill requires the presence of a live Simulated Patient. The Simulated Patient must be an adult or adolescent who is at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The use of very small children as Simulated Patients is not permitted in this skill. The Simulated Patient should be briefed on his/her role in this skill. You may use comments from the Simulated Patient about spinal movement in the scoring process as long as he/she is certified at the level of EMT or higher.

EMT Assistant

This skill requires that an assistant EMT be present during the evaluation. Candidates are to be evaluated individually with the assisting EMT providing manual stabilization and immobilization of the head and cervical spine. The assisting EMT should be told not to speak, but to follow the commands of the candidate. The candidate is responsible for the conduct of the assisting EMT. If the assisting EMT is instructed to provide improper care, areas on the score sheet relating to that care should be deducted. At no time should you allow the candidate or assisting EMT to perform a procedure that would actually injure the Simulated Patient.

Equipment List

Do not open this skill for testing until you have one (1) EMT Assistant and one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- Examination gloves (optional)
- Long spine immobilization device (long board, etc.)
- Head immobilizer (commercial or improvised)
- Cervical collar (appropriate size)
- Patient securing straps (with backboard compatible buckles/fasteners, spiders, etc)
- Blankets
- Padding (towels, cloths, etc.)
- Tape
- Cravats
- 1 EMT assistant
- 1 non moulaged patient

Spinal Immobilization (Supine Patient) Instructions to the Candidate

May I see your photo ID?

Write the candidate's name legibly on the form along with yours as it appears on the candidate roster (no "Bubbas, JP, BJ", etc)

This station is designed to test your ability to provide spinal immobilization on a patient using a long spine immobilization device. You arrive on the scene with an EMT' assistant. For the purpose of this testing station, the patient's vital signs remain stable. You are required to treat the specific problem of an unstable spine using a long spine immobilization device. You must immediately take c-spine control and demonstrate proper in-line stabilization. You will then turn c-spine control over to your EMT assistant. When moving the patient to the device, you should use the help of the assistant EMT and the evaluator. The assistant EMT will control the head and cervical spine of the patient while you and the evaluator move the patient to the immobilization device. You are responsible for the direction and subsequent action of the EMT assistant. The EMT assistant will perform correctly all instructions given by you; however, they will not perform any procedure unless instructed to do so. You may use any equipment supplied for this station. You have ten (10) minutes to complete this skill station.

Please take a moment to look over the equipment.

Allow the candidate to review the equipment.

Do you have any questions regarding the equipment supplied?

Answer any questions they may have.

Do you have any other questions?

You may begin. *Start 10-minute timer.*

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Spinal Immobilization – Supine Patient

LEVEL TESTED: ☐ EMT-B/EMT ☐ EMT-Inst/EC

Random Station

#:

Date: ____/____/____ Test Site Location: _____

Candidate's Name: _____ #: _____ End Time: _____

Evaluator's Name: _____ Start Time: _____

Total Time: _____

USE FOR VEMSES CANDIDATES ONLY

	Points Possible	Points Awarded
Takes or verbalizes standard precautions (BSI) <i>if appropriate based on patient scenario</i>	1	
Candidate places/maintains head in the neutral in-line position	1	
Turns over c-spine and directs assistant to maintain manual stabilization of the head	1	
Assesses motor, sensory, and circulatory function in each extremity	1	
Applies an appropriately sized cervical collar	1	
Directs movement of the patient onto the board without compromising the integrity of the spine	1	
Applies padding to voids between the torso and the board, as necessary	1	
Immobilizes the patient's torso to the long board	1	
Secures the patient's legs to the board	1	
Evaluates and pads behind the patient's head, as necessary	1	
Immobilizes the patient's head to the board	1	
Reassesses motor, sensory, and circulatory function in each extremity	1	
TOTAL:	12	

☐ P ☐ F

Critical Criteria: (You must thoroughly explain your reason for checking any critical criteria on the back of this sheet)

- ☐ 181- Did not immediately take manual immobilization of the head
- ☐ 182- Released, or ordered release of, manual immobilization before head secured to backboard
- ☐ 183- Patient manipulated, or moved excessively, causing potential spinal compromise
- ☐ 184- Patient moves excessively up, down, left or right on the board after immobilization
- ☐ 185- Head immobilization allows for excessive movement
- ☐ 186- Upon completion of immobilization, head is not in neutral position
- ☐ 187- Did not assess motor, sensory, and circulatory function in each extremity before and after immobilization to the board
- ☐ 188- Immobilized head to the board before securing the torso and legs
- ☐ 189- Did not receive 10 or more points

OEMS Examiner Review

Initials: _____

Bubble 9 on Scanform if Failed

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Spinal Immobilization (Seated Patient) Essay to Skill Evaluators

This skill is designed to evaluate a candidate's ability to provide spinal immobilization to a seated patient in whom spinal instability is suspected. Each candidate will be required to appropriately apply any acceptable half-spine immobilization device on a seated patient and verbalize movement of the Simulated Patient to a long backboard.

The candidate is evaluated on his/her ability to protect and provide immediate immobilization of the spine. The candidate will be advised that the scene survey and primary survey have been completed and no condition requiring further resuscitation efforts or urgent transportation is present. A live Simulated Patient who is an adult or adolescent who is at least sixteen (16) years of age is required in this skill. The Simulated **Patient must be of average adult height and weight.** The use of very small children as Simulated Patients is not permitted in this skill. The Simulated Patient will present seated in an armless chair, sitting upright with his/her back loosely touching the back of the chair. The Simulated Patient will not present slumped forward or with the head held in any grossly abnormal position. The position of the Simulated Patient must be identical for all candidates.

The primary survey as well as reassessment of the Simulated Patient's airway, breathing, and central circulation are not required in this skill. The candidate will be required to check motor, sensory, and circulatory functions in each extremity at the proper times throughout this skill. Once the candidate has immobilized the seated patient, simply ask him/her to verbally explain all key steps he/she would complete while moving the Simulated Patient to the long backboard. The candidate may check motor, sensory, and circulatory functions at anytime during the procedure without a loss of points. However, if he/she fails to check motor, sensory, or circulatory function in all extremities after verbalizing immobilization to a long backboard, a zero should be placed in the "Points Awarded" column for this step. The related "Critical Criteria" statement would also need to be checked and documented as required.

You should have a half-spine immobilization device in the testing room that represent the devices utilized in the local EMS system (KED, XP-1, OSS, half spine board, Kansas board, etc.) or other accepted devices. It is required that at least one (1) commercial vest-type immobilization device with all other associated immobilization equipment provided by the manufacturer be available in this room. You are responsible to check that all equipment listed is present and in proper working order (not too frayed or worn, all buckles and straps are present, etc.). The candidate may choose to bring a device with which he/she is familiar and the OEMS Test Examiner must approve these devices. You must also be familiar with the proper use of these devices before any evaluation of the candidate can occur. Be sure to give the candidate time to survey and check the equipment before any evaluation begins. You must not indicate any displeasure with the candidate's choice of any immobilization device.

The skill evaluation instrument was designed to be generic so it could be utilized to evaluate the candidate's performance regardless of the half-spine immobilization device utilized. All manufacturers' instructions describe varying orders in which straps and buckles are to be applied when securing the torso for various commercial half-spine immobilization devices. This skill is not designed to specifically evaluate each individual device but to "generically" verify a candidate's competence in safely and adequately securing a suspected unstable cervical spine in a seated patient. **Therefore, while the specific order of placing and securing straps and buckles is not critical, it is imperative that the patient's head be secured to the half-spine immobilization device only after the device has been secured to the torso.** This sequential order most defensibly minimizes potential cervical spine compromise and is the most widely accepted and defended order of application to date regardless of the device. Placement of an appropriate cervical collar is also required with any type of half-spine immobilization device. Given the chosen device, your careful observation of the candidate's technique and a reasonable standard of judgment should guide you when determining if the device was appropriately secured to the torso before the head was placed in the device. You must also apply the same reasonable standard of judgment when checking to see if the device was applied too loosely or not appropriately fastened to the Simulated Patient.

No unnecessary movement of the Simulated Patient's head or other "games" will be tolerated or are meant to be a part of this examination. However, if the assistant is directed to provide improper care, points on the evaluation form relating to this improper care should be deducted and documented. For example, if the candidate directs the assistant to let go of the head prior to its mechanical immobilization, the candidate has failed to maintain manual, neutral, in-line immobilization. You must check the related statement under "Critical Criteria" and document your rationale. On the other hand, if the assistant accidentally releases immobilization without an order, you should direct the assistant to again take manual in-line immobilization. Immediately inform the candidate that this action will not affect his/her evaluation. At no time should you allow the candidate or assistant EMT to perform a procedure that would actually injure the Simulated Patient. The candidate should also verbally describe how he/she would move and secure the Simulated Patient to the long backboard.

The Simulated Patient should be briefed on his/her role in this skill and act as a calm patient would if this were a real situation. You may question the Simulated Patient about spinal movement and overall care in assisting with the evaluation process after the candidate completes his/her performance and exits the room.

EMT Assistant

A trained EMT Assistant will be present in the skill to assist the candidate by applying manual in-line immobilization of the head and cervical spine only upon the candidate's commands. The assistant must be briefed to follow only the commands of the candidate, as the candidate is responsible for the actions that he/she directs the assistant to perform. When directed, the assistant must maintain manual in-line immobilization as a trained EMT Assistant would in the field.

Equipment List

Do not open this skill for testing until you have one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. One (1) assistant EMT is also required in this skill. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- Examination gloves (optional)
- Vest-type immobilization device*
- Padding material (pads or towels)
- Armless chair
- Cervical collars (correct sizes)
- Cravats (6)
- Kling, Kerlex, etc.
- Tape (2" or 3" adhesive)
- Blankets (2)
- 1 EMT assistant
- 1 non moulaged patient

* It is required that the skill include one (1) common vest-type device (complete with all straps and pad). Additional styles and brands of devices and equipment may be included as a local option.

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Spinal Immobilization Skills (Seated Patient) Instructions to the Candidate

Choose the SPINAL IMMOBILIZATION SKILLS –SEATED PATIENT score sheet

May I see your Photo ID please?

Write the candidate's name legibly on the form along with your as it appears on the candidate roster (no "Bubbas, JP, BJ", etc)

Welcome to the Spinal Immobilization Skills – Seated Patient station. This station is designed to test your ability to provide spinal immobilization on a patient using a short spine immobilization device. For the purpose of this station, the patient's vital signs remain stable. You are required to treat the specific, isolated problem of an unstable spine using a half-spine immobilization device. You will be required to immediately take c-spine control and demonstrate proper in-line stabilization. You must then turn c-spine control over to your EMT assistant. You are responsible for the direction and subsequent actions of the EMT assistant. The EMT assistant will perform correctly all instructions given by you, however, will not perform any procedure unless instructed to do so. Transferring and immobilizing the patient to the long backboard will be accomplished verbally. You have (10) ten minutes to complete this skill station.

Please take a moment to look over the equipment.

Allow the candidate to review the equipment.

Do you have any questions regarding the equipment supplied?

Answer any questions they may have.

Do you have any other questions?

You may begin. *Start 10-minute timer.*

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Spinal Immobilization – Seated Patient

LEVEL TESTED: ☐ EMT-B/EMT ☐ EMT-Inst/EC

Date: ____/____/____ Test Site Location: _____

Random Station

#:

Candidate's Name: _____ #: _____ End Time: _____

Evaluator's Name: _____ Start Time: _____

Total Time: _____

USE FOR VEMSES CANDIDATES ONLY			Points Possible	Points Awarded
Takes or verbalizes standard precautions (BSI) <i>if appropriate based on patient scenario</i>			1	
Candidate places/maintains head in the neutral in-line position			1	
Turns c-spine over and directs assistant to maintain manual immobilization of the head			1	
Assesses motor, sensory, and circulatory function in each extremity			1	
Applies appropriately sized cervical collar			1	
Positions the immobilization device behind the patient			1	
Secures the device to the patient's torso and legs			1	
Evaluates torso fixation and adjusts as necessary			1	
Evaluates and pads behind the patient's head as necessary			1	
Secures the patient's head to the device			1	
Reassesses motor, sensory and circulatory function in each extremity			1	
Verbalizes moving and immobilizing the patient to a long board and reassessment of motor, sensory, and circulatory function in each extremity			1	
TOTAL:			12	

☐ P ☐ F

Critical Criteria: (You must thoroughly explain your reason for checking any critical criteria on the back of this sheet)

- ☐ 171- Did not immediately take manual immobilization of the head
- ☐ 172- Released, or ordered release of, manual immobilization before head was secured to the device
- ☐ 173- Did not properly apply appropriately sized cervical collar before ordering release of manual immobilization
- ☐ 174- Patient manipulated, or moved excessively, causing potential spinal compromise
- ☐ 175- Device moved excessively up, down, left or right on the patient's torso after securing.
- ☐ 176- Torso fixation inhibits chest rise resulting in respiratory compromise
- ☐ 177- Upon completion of immobilization, head is not in neutral position or head immobilization allows for excessive movement
- ☐ 178- Did not assess and reassess motor, sensory, and circulatory function in each extremity.
- ☐ 179- Immobilized head to the device before securing the torso
- ☐ 180- Did not receive 10 or more points

OEMS Examiner Review

Initials: _____

Bubble 8 on Scanform if Failed

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Bleeding Control/Shock Management Essay to Skill Evaluators

This skill is designed to evaluate the candidate's ability to treat a life-threatening arterial hemorrhage from an extremity and subsequent hypoperfusion. This skill will be scenario-based and will require some dialogue between you and the candidate. The candidate will be required to properly treat a life-threatening arterial hemorrhage from an extremity in accordance with recommendations by the American College of Surgeons.

This skill requires the presence of a live Simulated Patient. The Simulated Patient must be an adult or adolescent who is at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The use of very small children as Simulated Patients is not permitted in this skill. The Simulated Patient will present with an arterial bleed from a severe laceration of the extremity. Simple moulage may enhance the visual cue for the location of the wound but is not required in this skill. You will direct the actions of the candidate at predetermined intervals as indicated on the evaluation form. The candidate will be required to provide the appropriate intervention at each interval as the Simulated Patient's condition changes. It is essential, due to the purpose of this skill that the Simulated Patient's condition does not deteriorate to a point where CPR would be initiated. This skill is not designed to evaluate CPR skills.

Due to the scenario format of this skill, you are required to supply information to the candidate at various times during the exam. When the candidate initially applies direct pressure to the wound, you should inform the candidate that the wound continues to bleed. If the candidate applies a pressure dressing and bandage, you should inform the candidate that the wound continues to bleed. **In accordance with recommendations by the American College of Surgeons, application of a tourniquet proximal to the injury is the reasonable next step if hemorrhage cannot be controlled with pressure.** If the candidate delays applying a tourniquet and applies additional dressings over the first, you should again inform him/her that the wound continues to bleed. If the candidate attempts to elevate the extremity or apply pressure to the related arterial pressure point, you should inform the candidate that the wound continues to bleed. There is no published evidence that supports controlling arterial hemorrhage from an extremity with elevation or pressure to an arterial pressure point. **If the candidate delays application of the tourniquet, you should check the related "Critical Criteria" statement and document his/her delay in treating the hemorrhage in a timely manner as required on the skill evaluation form.** After the candidate properly applies an arterial tourniquet, including a few twists of the windless you should inform him/her that the bleeding is controlled. The windless should then be secured.

NOTES SPECIFIC TO NEW VEMSES CHECK SHEET

Takes or verbalizes standard precautions (BSI) *if appropriate based on patient scenario*

Actual or verbalized standard precautions are required in this station and are a critical failure if not done by the candidate.

Did not indicate a need for immediate transportation

***All candidates** must indicate the **need** for immediate transportation. Only EMT Candidates will indicate transporting the patient.*

Properly positions the patient with body supine.

The use of Trendelenburg position is acceptable for patients exhibiting signs and symptoms of shock.

Treatment of Shock:

The minimum expectation for the treatment of shock must include:

1. Adequate airway (with or without adjunct)
2. Adequate ventilation (self or manual)
3. Adequate Oxygenation by NRM
4. Control of hemorrhage.
5. Maintain body temperature by preventing heat loss.

EMT Assistant

This skill requires that an assistant EMT be present during testing. Candidates will be tested individually. All assisting EMT's will be told not to speak but to follow the commands of the candidate. The candidate is responsible for the conduct of the assisting EMT. If the assisting EMT is instructed to provide improper care, points on the score sheet relating to that care will not be awarded. At no time will you allow the candidate or assisting EMT to perform a procedure that would actually injure the simulated victim.

Equipment List

Do not open this skill for testing until you have one (1) EMT Assistant and one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- Examination gloves (optional)
- Field dressings (various sizes)
- Bandages (various sizes)
- Tourniquet (commercial or improvised)
- Oxygen cylinder with delivery system (tank may be empty)
- Oxygen delivery devices (nasal cannula, non-rebreather mask)
- Blanket
- Gauze pads (2x2, 4x4, etc.)
- Kling, Kerlex, etc.
- Tape
- Scissors
- EMT assistant
- Live non moulaged patient

Information for the Simulated Patient

Thank you for serving as the Simulated Patient at today's examination. In this examination, you will be required to role-play a patient experiencing a trauma situation. Please be consistent in presenting this scenario to every candidate who tests in your room today. The level of responsiveness, anxiety etc., which you act out should be the same for all candidates. It is important to respond as a real patient with a similar wound would. The Skill Evaluator will help you understand your appropriate responses for today's scenario. For example, your level of consciousness may change depending on the treatment you receive.

As each candidate progresses through the skill, please be aware of any questions you are asked and respond appropriately given the information in the scenario. Do not overact or provide additional signs or symptoms not listed in the scenario. It is very important to be completely familiar with all of the information in today's scenario before any candidate enters your room for testing. The Skill Evaluator will be role-playing several practice sessions with you to help you become comfortable with your roles today as a programmed patient. If any candidate asks for information not contained in the scenario, the Skill Evaluator will supply appropriate responses to questions if you are unsure of how to respond. Do not give the candidate any clues while you are acting as a patient. Be sure to move as the candidate directs you to move so he/she may assess various areas of your body. **You will remain sitting upright until the candidate assists you to the supine position or verbalizes placing you supine.** Please remember what areas have been assessed and treated because you and the Skill Evaluator may need to discuss the candidate's performance after he/she leaves the room.

When you need to leave the examination room for a break, be sure to wrap a blanket around you so that other candidates do not see any of your moulage. A blanket will be provided for you to keep warm throughout the examination. We suggest you wrap the blanket around you to conserve body heat while the Skill Evaluator is completing the evaluation form.

Bleeding Control/Shock Management Instructions to the Candidate

Choose the BLEEDING CONTROL/SHOCK MANAGEMENT SKILL score sheet

May I see your Photo ID please?

*Write the candidate's name legibly on the form along with your **as it appears on the candidate roster (no "Bubbas, JP, BJ", etc)***

Welcome to the Bleeding Control/Shock Management skill station. This station is designed to test your ability to control hemorrhage and hypoperfusion. This is a scenario based testing station. As you progress through the scenario, you will be given various signs and symptoms appropriate for the patient's condition. You will be required to manage the patient based on these signs and symptoms. A scenario will be read to you and you will be given an opportunity to ask clarifying questions about the scenario, however, you will not receive answers to any questions about the actual steps of the procedures to be performed. You may use any of the equipment supplied for this station. You have ten (10) minutes to complete this skill station.

Please take a moment to look over the equipment.

Allow the candidate to review the equipment.

Do you have any questions regarding the equipment supplied?

Answer any questions they may have.

Do you have any other questions?

You may begin. *Start 10-minute timer.*

Page intentionally left blank



Random Station

#:

Bleeding Control/Shock ManagementLEVEL TESTED: ☐ FR/EMR ☐ EMT-B/EMT ☐ EMT-Inst/EC

Date: ____/____/____ Test Site Location: _____

Candidate's Name: _____ #: _____ End Time: _____

Evaluator's Name: _____ Start Time: _____

Total Time: _____

USE FOR VEMSES CANDIDATES ONLY		Points Possible	Points Awarded
Takes or verbalizes standard precautions (BSI)		1	
Applies direct pressure to wound with dressings		1	
Note: The evaluator must now inform the candidate, "The wound continues to bleed."			
Applies tourniquet		1	
Note: The evaluator must inform the candidate, "The bleeding is now controlled."			
Verbalizes dressing and bandaging the wound appropriately		1	
Note: The evaluator must inform the candidate, "The patient is now showing signs and symptoms indicative of shock."			
Properly positions the patient with body supine		1	
Applies high concentration oxygen		1	
Initiates steps to prevent heat loss from the patient		1	
Indicates the need for immediate transportation of the patient		1	
TOTAL:		8	

☐ P ☐ FOEMS Examiner
Review

Initials: _____

Bubble 4 AND Wound
Location on**Critical Criteria:** (You must thoroughly explain your reason for checking any critical criteria on the back of this sheet)

- ☐ 131- Did not take or verbalize standard precautions (BSI)
- ☐ 132- Did not apply high concentration of oxygen.
- ☐ 134- Did not control hemorrhage.
- ☐ 135- Did not indicate a need for immediate transportation.
- ☐ 136- Did not receive 6 or more points.

Wound Location:

- ☐ 137- ARM ☐ 138- LEG

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Long Bone Immobilization Essay to Skill Evaluators

This skill is designed to evaluate a candidate's ability to immobilize a suspected long bone fracture properly using a rigid splint. The candidate will be advised that a primary survey has been completed on the victim and that a suspected long bone fracture was discovered during the secondary survey. The Simulated Patient will present with a non-angulated, closed, suspected long bone fracture of the upper or lower extremity, specifically a suspected fracture of the clavicle, radius, ulna, tibia or fibula.

The candidate will then be required to treat the specific, isolated injury. The primary survey as well as reassessment of the patient's airway, breathing, and central circulation are not required in this skill. The candidate will be required to check motor, sensory, and circulatory functions in the injured extremity prior to splint application and after completing the splinting process. Additionally, the use of traction splints, pneumatic splints, and vacuum splints is **not** permitted and should not be available for use.

The candidate is required to "Secure the entire injured extremity" after the splint has been applied. There are various methods of accomplishing this particular task. Long bone fractures of the upper extremity may be secured by tying the extremity to the torso after a splint has been applied. Long bone fractures of the lower extremity may be secured by placing the victim properly on a long backboard or applying a rigid long board splint between the victim's legs and then securing the legs together. Any of these methods should be considered acceptable and points should be awarded accordingly.

When splinting the upper extremity, the candidate is required to immobilize the hand in the position of function. A position that is to be avoided is one in which the hand is secured with the palm flattened and fingers extended. The palm should not be flattened. Additionally, the wrist should be dorsiflexed about 20 –30° and all the fingers should be slightly flexed.

When splinting the clavicle, appropriate treatment should include sling and swathe. In the case of the clavicle, the body is the "splint" so the candidate should be awarded points for measuring and applying the splint.

When splinting the lower extremity, the candidate is required to immobilize the foot in a position of function. Two positions that are to be avoided are gross plantar flexion or extreme dorsiflexion. No points should be awarded if these positions are used.

EMT Assistant

This skill requires that an assistant EMT be present during testing. Candidates will be tested individually. All assisting EMT's will be told not to speak but to follow the commands of the candidate. The candidate is responsible for the conduct of the assisting EMT. If the assisting EMT is instructed to provide improper care, points on the score sheet relating to that care will not be awarded. At no time will you allow the candidate or assisting EMT to perform a procedure that would actually injure the simulated victim.

Equipment List

Do not open this skill for testing until you have one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. One (1) EMT Assistant EMT is also required in this skill. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- Examination gloves (optional)
- Rigid splint materials (various sizes)
- Roller gauze
- Cravats (6)
- Tape
- EMT Assistant
- Live non moulaged patient

Long Bone Immobilization Skills Instructions to the Candidate

Choose the IMMOBILIZATION SKILLS – LONG BONE score sheet

May I see your Photo ID please?

Write the candidate's name legibly on the form along with yours as it appears on the candidate roster (no "Bubbas, JP, BJ", etc)

Welcome to the Immobilization Skills – Long Bone station. This station is designed to test your ability to properly immobilize a closed, mid-shaft, non-angulated long bone injury. You will have an EMT assistant to help you in the application of the device by applying manual traction when you direct them to do so. The EMT assistant will perform correctly all instructions given by you; however, they will not perform any procedure unless instructed to do so. You are required to treat only the specific, isolated injury to the extremity. The scene size-up and primary assessment have been completed and during the assessment, a closed, non-angulated injury of the _____ (radius, ulna, humerus, tibia, fibula, and clavicle) was detected. Reassessment of the patient's airway, breathing, and central circulation is not necessary. You may use any equipment supplied for this station. You have (10) ten minutes to complete this skill station.

Please take a moment to look over the equipment.

Allow the candidate to review the equipment.

Do you have any questions regarding the equipment supplied?

Answer any questions they may have.

Do you have any other questions?

You may begin. *Start 10-minute timer.*

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Immobilization Skills – Long Bone Injury

LEVEL TESTED: ☐ FR/EMR ☐ EMT-B/EMT ☐ EMT-Inst/EC

Date: ____/____/____ Test Site Location: _____

Random Station
#:

Candidate's Name: _____ #: _____ End Time: _____

Evaluator's Name: _____ Start Time: _____

Total Time: _____

USE FOR VEMSES CANDIDATES ONLY

	Points Possible	Points Awarded
Takes or verbalizes standard precautions (BSI) <i>if appropriate based on patient scenario</i>	1	
Directs EMT Assistant to apply manual stabilization of the injury	1	
Assess motor, sensory and circulatory function in the injured extremity	1	
Note: The evaluator acknowledges, "The motor, sensory and circulatory function are present and normal."		
Measures the splint	1	
Applies the splint	1	
Immobilizes the joint above the injury site	1	
Immobilizes the joint below the injury site	1	
Secures the entire injured extremity	1	
Immobilizes the hand/foot in the position of function	1	
Reassess motor, sensory and circulatory function in the injured extremity	1	
Note: The evaluator acknowledges, "The motor, sensory and circulatory function are present and normal."		
TOTAL:	10	

☐ P ☐ F

OEMS Examiner
Review

Initials: _____

Bubble 6 AND Wound
Location on Scanform
if Failed

Critical Criteria: (You must thoroughly explain your reason for checking any critical criteria on the back of this sheet)

- ☐ 151- Grossly moves the injured extremity
- ☐ 152- Did not immobilize the joint above and below the injury site
- ☐ 153- Did not assess/reassess motor, sensory and circulatory function in the injured extremity before and after splinting
- ☐ 154- Did not obtain 8 or more points

Injury Site:

- ☐ 155- Clavicle
- ☐ 156- Humerus
- ☐ 157- Radius/Ulna
- ☐ 158- Tibia/Fibula

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Long Bone Immobilization (Traction Splint) Essay to Skill Evaluators

The candidate is tested on his/her ability to properly immobilize a mid-shaft femur injury using a traction splint. The candidate will be advised that the assessment has been completed and a mid-shaft femur injury was detected. The victim will present with a closed, non-angulated, mid-shaft femur injury. The victim will be supine with both legs fully extended. The femur deformity is an isolated, closed injury with no complicating factors that would concern or distract the candidate.

The candidate is required to treat only the specific, isolated femur injury. Continued assessments of the patient's airway breathing and central circulation are not required at this testing station. The candidate will be required to check motor, sensory and circulatory function in the injured extremity prior to and after completing the splinting process.

An adjustable bipolar traction splint (Hare type), is utilized for this testing station. Please be sure the candidate is familiar with the traction splint, otherwise, a brief overview of the device will be given.

An issue encountered in using traction splints is when to apply manual traction. When using a traction splint, elevation of the injured leg is required, therefore manual in-line traction must be applied prior to elevating the leg for splint application. While using the traction splint, stabilize the injury site while the leg is on the ground, apply the ankle hitch and then apply manual traction before elevating the leg to apply the splint. An alternate method is to apply manual traction immediately upon detection of a mid-shaft femur injury before application of the ankle hitch. These variations in applying manual traction while using a traction splint are equally acceptable and points should be awarded accordingly.

This skill requires that an assistant EMT be present during testing. Candidates will be tested individually. All assisting EMT's will be told not to speak but to follow the commands of the candidate. The candidate is responsible for the conduct of the assisting EMT. If the assisting EMT is instructed to provide improper care, points on the score sheet relating to that care will not be awarded. At no time will you allow the candidate or assisting EMT to perform a procedure that would actually injure the simulated victim.

Equipment List

- 1 Hare-type adjustable traction splint
- 12 cravats
- 1 EMT Assistant
- 1 live non moulaged patient at least sixteen (16) years of age
- Examination gloves (optional)

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Long Bone Immobilization (Traction Splint) Instructions to the Candidate

Choose the IMMOBILIZATION SKILLS –TRACTION SPLINTING score sheet

May I see your Photo ID please?

Write the candidate's name legibly on the form along with yours as it appears on the candidate roster (no "Bubbas, JP, BJ", etc)

Welcome to the Immobilization Skills – Traction Splinting station. This station is designed to test your ability to properly immobilize a closed, non-displaced, mid-shaft femur injury with a traction splint. You will have an EMT assistant to help you in the application of the device by applying manual traction when you direct them to do so. The EMT assistant will perform correctly all instructions given by you; however, they will not perform any procedure unless instructed to do so. You are required to treat only the specific, isolated injury to the femur. All assessments have been accomplished on the victim and a mid-shaft femur deformity was detected. Continued assessments of the patient's airway, breathing, and central circulation are not necessary. You may use any equipment supplied for this station. You have (10) ten minutes to complete this skill station.

Please take a moment to look over the equipment.

Allow the candidate to review the equipment.

Do you have any questions regarding the equipment supplied?

Answer any questions they may have.

Do you have any other questions?

You may begin. *Start 10-minute timer.*



Immobilization Skills – Traction Splint

LEVEL TESTED: ☐ EMT-B/EMT ☐ EMT-Inst/EC

Random Station

#:

Date: ____/____/____ Test Site Location: _____

Candidate's Name: _____ #: _____ End Time: _____

Evaluator's Name: _____ Start Time: _____

Total Time: _____

USE FOR VEMSES CANDIDATES ONLY	Points Possible	Points Awarded
Takes or verbalizes standard precautions (BSI) <i>if appropriate based on patient scenario</i>	1	
Candidate takes manual stabilization of the injured leg	1	
Directs assessment of motor, sensory and circulatory function of the injured extremity	1	
Note: The evaluator acknowledges "motor, sensory and circulatory function are present and normal"		
Directs application of the ankle hitch	1	
Directs the application of manual traction	1	
Candidate prepares/adjusts splint to proper length using uninjured leg	1	
Candidate positions the splint next to the injured leg	1	
Candidate applies splint and ischial strap	1	
Candidate applies mechanical traction	1	
Candidate secures the leg to the splint	1	
Candidate re-evaluates that ischial strap and ankle hitch are secure	1	
Candidate reassesses motor, sensory and circulatory function in the injured extremity	1	
Note: The evaluator acknowledges "motor, sensory and circulatory function are present and normal"		
Note: The evaluator must ask the candidate how he/she would prepare the patient for transportation		
Verbalizes securing the torso to the long board to immobilize the hip	1	
Verbalizes securing the splint to the long board to prevent movement of the splint	1	
TOTAL:	14	

Critical Criteria: (You must thoroughly explain your reason for checking any critical criteria on the back of this sheet)

- ☐ 161- Directs or causes a loss of traction at any point after it was applied
- ☐ 162- Did not assess motor, sensory and circulatory function in the injured extremity prior to and after splinting
- ☐ 163- The foot was excessively rotated or extended after splint was applied
- ☐ 164- Did not secure the ischial strap before applying mechanical traction
- ☐ 165- Final immobilization failed to support the femur or prevent rotation of the injured leg
- ☐ 166- Did not obtain 11 or more points

☐ P ☐ FOEMS Examiner
Review

Initials: _____

Bubble 7 on Scanform
if Failed

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Joint Immobilization Essay to Skill Evaluators

This skill is designed to evaluate a candidate's ability to immobilize a suspected joint injury. The candidate will be advised that a primary survey has been completed on the victim and that a suspected joint injury is discovered during the secondary survey. The victim will present with one of the following: a shoulder, elbow, knee, ankle or wrist injury. For the purpose of this station, the injury should be presented in a way that can be readily splinted.

The candidate will then be required to treat the specific, isolated injury. The primary survey as well as reassessment of the patient's airway, breathing, and central circulation are not required in this skill. The candidate will be required to check motor, sensory, and circulatory functions in the injured extremity prior to splint application and after completing the splinting process.

EMT Assistant

This skill requires that an assistant EMT be present during testing. Candidates will be tested individually. All assisting EMT's will be told not to speak but to follow the commands of the candidate. The candidate is responsible for the conduct of the assisting EMT. If the assisting EMT is instructed to provide improper care, points on the score sheet relating to that care will not be awarded. At no time will you allow the candidate or assisting EMT to perform a procedure that would actually injure the simulated victim.

Equipment List

Do not open this skill for testing until you have one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. One (1) EMT Assistant is also required in this skill. The following equipment must be available and you must ensure that it is working adequately throughout the examination:

- Examination gloves (optional)
- Assorted board splints including 2 short, medium, and long and/or Velcro splint pack
- 6 4" rolls of kling
- 2 rolls of 1" or wider tape
- 12 cravats
- 1 Pillow
- 1 EMT Assistant
- 1 live moulaged patient

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Joint Immobilization Skills Instructions to the Candidate

Choose the IMMOBILIZATION SKILLS –JOINT INJURY score sheet

May I see your Photo ID please?

Write the candidate's name legibly on the form along with yours as it appears on the candidate roster (no "Bubbas, JP, BJ", etc)

Welcome to the Immobilization Skills – Joint Injury station. This station is designed to test your ability to properly immobilize a non-complicated joint injury. You are required to treat only the specific, isolated injury to the joint. You will have an EMT assistant to help you in the application of the device by applying manual traction when you direct them to do so. The EMT assistant will perform correctly all instructions given by you, however, will not perform any procedure unless instructed to do so. The scene size-up and primary assessment have been completed and during the assessment, a _____ (shoulder, elbow, knee, ankle, and wrist) injury was detected. Reassessment of the patient's airway, breathing, and central circulation is not necessary. You may use any equipment supplied for this station. You have (10) ten minutes to complete this skill station.

Please take a moment to look over the equipment.

Allow the candidate to review the equipment.

Do you have any questions regarding the equipment supplied?

Answer any questions they may have.

Do you have any other questions?

You may begin. *Start 10-minute timer.*

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Immobilization Skills – Joint Injury

Random Station

#:

LEVEL TESTED: ☐ FR/EMR ☐ EMT-B/EMT ☐ EMT-Inst/EC

Date: ____/____/____

Test Site Location: _____

Candidate's Name: _____ #: _____ End Time: _____

Evaluator's Name: _____ Start Time: _____

Total Time: _____

USE FOR VEMSES CANDIDATES ONLY

	Points Possible	Points Awarded
Takes or verbalizes standard precautions (BSI) <i>if appropriate based on patient scenario</i>	1	
Directs EMT Assistant to apply manual stabilization of the injury	1	
Assess motor, sensory and circulatory function in the injured extremity	1	
Note: The evaluator acknowledges, "The motor, sensory and circulatory function are present and normal."		
Selects proper splinting material	1	
Immobilizes the site of the injury	1	
Immobilizes the bone above the injured joint	1	
Immobilizes the bone below the injured joint	1	
Reassess motor, sensory and circulatory function in the injured extremity	1	
Note: The evaluator acknowledges, "The motor, sensory and circulatory function are present and normal."		
TOTAL:	8	

☐ P ☐ F

OEMS Examiner
Review

Initials: _____

Bubble 5 AND Wound
Location on Scanform
if Failed

Critical Criteria: (You must thoroughly explain your reason for checking any critical criteria on the back of this sheet)

- ☐ 141- Did not support the joint so that it did not bear distal weight
- ☐ 142- Did not immobilize the bone above and below the injured joint
- ☐ 143- Did not assess/reassess motor, sensory and circulatory function in the injured extremity before and after splinting
- ☐ 144- Did not obtain 6 or more points

Injury Site:

- ☐ 145- Shoulder
- ☐ 146- Elbow
- ☐ 147- Wrist
- ☐ 148- Knee
- ☐ 149- Ankle

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Section 2: Policies and Procedures

OEMS Test Examiners Guidelines

The OEMS Test Examiner's primary responsibility in administration of the psychomotor examination is to ensure that all candidates complete the examination in the same standardized format in accordance with approved policy and procedure.

The OEMS Test Examiner should initially visit all skills as soon as possible after the psychomotor examination begins to ensure that everything is progressing satisfactorily and according to the approved examination criteria. As the OEMS Test Examiner enters each skill, he/she should pay attention to the set-up of the skill, equipment, moulage, and the actions of the Skill Evaluator, EMT Assistant and Simulated Patient. In particular, he/she will note the following:

- Is the testing environment comfortable for you if you were testing?
- Is there any unnecessary noise or distraction that may affect a candidate's performance?
- If more than one skill is being tested in a single room, is the room too noisy or could a candidate's entrance to or exit from the room possibly affect another's performance?
- Is all the required equipment available and functioning properly?
- Is the required Simulated Patient present in the skill?
- Does the moulage realistically approximate a real patient's injuries given the scenario?
- Has anything been altered from the normal manner in which the skill is to be performed?
- Is the Skill Evaluator reading the "Instructions to the psychomotor Skills Candidate" and scenario information exactly as printed in the materials you provided?
- Is the Skill Evaluator's verbal and non-verbal communication appropriate for a certification examination?
- Are candidates able to observe any scenario information or documentation the Skill Evaluator is making?
- Is the Skill Evaluator appropriately maintaining security of all examination materials?
- Is the Skill Evaluator keeping track of time and enforcing all time limits?
- Are all personnel involved with administration of the psychomotor examination acting in a courteous, professional, non-discriminatory and non-threatening manner?

The OEMS Test Examiner should observe Skill Evaluators during an actual evaluation of a candidate to detect errors in Skill Evaluator's "objectivity" while observing and recording the candidate's performance in accordance with approved examination criteria. If any errors are detected, the OEMS Test Examiner should then thoroughly brief the Skill Evaluator as to what constitutes "objectivity." The OEMS Test Examiner should continue observing the Skill Evaluator to ensure that the problem has been corrected. The OEMS Test Examiner should ensure that all Skill Evaluators are conducting their skills in accordance with approved policy and procedure before the results can be scored and same-day retests are offered.

The OEMS Test Examiner should critically review all skill evaluation forms the Skill Evaluator has completed up until that point. The OEMS Test Examiner should be especially cautious for:

- Any areas on the form that the Skill Evaluator left blank.
- Comments written by the Skill Evaluator do not support the points awarded or deducted.
- Areas of confusion or contradiction.

If there are any errors or omissions, the OEMS Test Examiner should discuss these findings with the Skill Evaluator for explanation, clarification, and correction. If it is determined that the Skill Evaluator made any errors in scoring, the Skill Evaluator should make any necessary corrections to the evaluation form and initial any changes he/she makes. The OEMS Test Examiner should observe him/her for the next evaluation until the situation has been corrected before moving on to check the next skill

The "Essay to the Skill Evaluators" was developed to work in conjunction with the skill evaluation form. The OEMS Test Examiner should observe the Skill Evaluator and review all documentation. Does it appear as though the Skill Evaluator has read the essay? Often times confusing documentation and alterations in the delivery of the skill is the direct result of not thoroughly reading the essay. The OEMS Test Examiner should also make sure that the Skill Evaluator's documentation, points awarded, and "Critical Criteria" support rather than contradict each other. There are hundreds of harmful actions that could occur which relate to relatively few "Critical Criteria" statements. Has the Skills Evaluator deducted any points that may relate to potentially harmful care but not checked and documented the related "Critical Criteria" statement? If so, the OEMS Test Examiner should question the Skills Evaluator to provide clarification and direct the Skills Evaluator to make any necessary corrections to the skill evaluation form.

Most questions that may arise in any skill and the usual areas of confusion are addressed in the “Essay to the Skill Evaluators” for that particular skill. The essays were developed to work in conjunction with the skill evaluation forms. The better the Skill Evaluator knows the information in the essay, the better he/she will be prepared to answer questions and provide clarification. As a general rule, the answer to the majority of questions that arise during the psychomotor skill can be found in the respective essay.

The OEMS Test Examiner is responsible for the following to help ensure a smooth-flowing examination:

- Ensures all staff conducts the examination in a courteous and professional manner at all times.
- Responsible for showing up ***promptly*** and beginning the examination at the scheduled time without causing delay.
- Will ensure that all candidates complete the psychomotor examination in the same standardized format. Administration of any part of the examination in any manner different than other candidates constitutes an examination accommodation. Candidates need to contact the Office of EMS for information about requesting accommodations. **OEMS Test Examiners are not authorized to make any determination for accommodations at the examination site.** You must notify the State EMS Office immediately if any such requests are received at the examination site.
- Politely and attentively deal with each candidate's concerns throughout the examination. Must also ensure that the Test Site Coordinator and Skill Evaluators conduct themselves in a similar manner.
- Inspect all facilities for the psychomotor examination to ensure their adequacy. All facilities must be in compliance with those outlined under the “Facilities for the Psychomotor Examination” section of this manual.
- Is responsible for controlling and overseeing administration of the psychomotor examination.
- Appropriately deal with cases of dishonesty or any other irregular occurrences during administration of the psychomotor examinations.
- Maintain the Psychomotor Examination Results Tracking form of all registered candidates. See page 126 for more information.

- Oversee and control all related aspects of psychomotor examination administration.
- Orientate all candidates to the psychomotor examination by reading all printed instructions.
- Assure identity of all candidates for the psychomotor examination with an official form of photo identification (government-issued identification, such as a driver's license).
- Orientate all Skill Evaluators to the psychomotor examination by reading all printed instructions.
- Ensures all Skill Evaluators have read and understand the essays for the skills they are testing.
- Initially visit all skills as soon as possible after the psychomotor examination begins to ensure that everything is progressing satisfactorily and according to approved criteria.
- Observe each Skill Evaluator during an actual evaluation to detect errors in "objectivity" while observing and recording the candidate's performance according to approved criteria. If any errors are detected, the OEMS Test Examiner must then thoroughly brief the Skill Evaluator as to what constitutes "objectivity." The OEMS Test Examiner must continue observing the Skill Evaluator to ensure that the problem has been corrected. If the OEMS Test Examiner continues to question the Skill Evaluator's "objectivity," the OEMS Test Examiner must notify the Test Site Coordinator and dismiss the Skill Evaluator in question.
- Oversee administration of the complaint procedure and acts as a member of the Quality Assurance Committee.
- Deal with instances of any irregular behavior during the examination, such as threats made towards any staff (including all personnel who are assisting with administration of the psychomotor examination), the use of unprofessional (foul) language, or any other irregular behavior that may occur in connection with the administration of the examination that is not consistent with the normal expected behavior for EMS professionals.
- Determine the need for and possibility of administering a same-day retest and all associated logistics in conjunction with the Test Site Coordinator.

- Add and enter the total points on forms that were not tallied by the Skill Evaluator as long as points for all steps have been recorded by the Skill Evaluator. Determine, based upon the "Critical Criteria" and minimum point totals, if a candidate has passed or failed each skill.
- Contact the Skill Evaluator for explanation, clarification, and correction when the evaluator has left any areas of the form blank, if comments written by the Skill Evaluator do not support the points awarded or deducted, or any other areas of confusion or contradiction exist. If it is determined that the evaluator made any errors in scoring, the Skill Evaluator must make any necessary corrections to the evaluation form and initial any changes he/she makes. It is best to inform the Test Site Coordinator when results are being scored and require that any Skill Evaluator with a question come to the OEMS Test Examiner for clarification rather than leaving the grading room with all results lying out.
- The OEMS Test Examiner must record all results onto the Psychomotor Examination Report Form based upon availability of private space to score psychomotor results, the flow of the examination, and the possibility of administering a same-day retest.
- If candidates are being informed of their unofficial psychomotor examination results at a retesting test site, the OEMS Test Examiner must privately inform each candidate individually of his/her psychomotor examination results. The OEMS Test Examiner may only show the candidate the completed Same Day Retest Form and must in no way inform the candidate of any specific reason(s) for failure.

OEMS Test Examiner General Information

Certification Application Information:

All certification applications shall be filled out in accordance with the Virginia EMS Certification Application Instructions

Test Site Field contains five (5) blocks:

Blocks 1 and 2: Test Examiner's number found on latest Examiner Listing. When two or more examiners are at the test site, use the number of the Examiner that will be making the final review and shipping of the examination materials to OEMS.

Block 3, 4 & 5: FIPS Code of location of test site (city or county) (3-digit number)

Test Method:

Method "0" is used for all initial testing.

Method: "2" is used for all retesting including same day retesting

Test ID Number: Located on front of test booklet will be used if the candidate takes a written examination.

If testing psychomotor skills only, the test ID number is:

EMR/First Responder- A0001 for initial test attempt, A0002 for retest attempt

EMT/EMT-B - B0001 for initial test attempt, B0002 for retest attempt

Documentation of Results:

The OEMS Test Examiner shall document the results of the testing on the blue form. **Initial test results shall be documented on line 1 in the designated area of the blue form as follows:**

P = Pass (**all 2 or 3 stations** required based upon candidate level of FR or EMT), **OR:**

Failures as follows:

B or 1 = Medical **PLUS** the corresponding number(s) for the critical criteria on the right side of the form

T or 2 = Trauma **PLUS** the corresponding number(s) for the critical criteria on the right side of the form

M or 3 = Random/Airway **PLUS** the corresponding number(s) for the critical criteria on the right side of the form

4 = Random/Shock Management **PLUS** the corresponding number for wound location **PLUS** the corresponding number(s) for critical criteria on the right side of the form.

5 = Random/Immobilization Skills/Joint Injury **PLUS** the corresponding number for injury site **PLUS** the corresponding number(s) for critical criteria on the right side of the form.

6 = Random/Immobilization Skills/Long Bone Injury **PLUS** the corresponding number for injury site **PLUS** the corresponding number(s) for critical criteria on the right side of the form

7 = Random/Immobilization Skills/Traction Splint **PLUS** the corresponding number(s) for critical criteria on the right side of the form

8 = Random/Immobilization Seated Patient/KED **PLUS** the corresponding number(s) for critical criteria on the right side of the form

9 = Random/Immobilization Supine Patient/Backboarding **PLUS** the corresponding number(s) for critical criteria on the right side of the form

Candidates wishing to same-day retest will be required to complete a second blue application form. The OEMS Test Examiner will give the Candidate a new application form and the **TR-77 BLS Retest Disclaimer** form. The candidate is required to read and sign the Disclaimer form and complete all required information on the new application form prior to retesting.

The second retest application form will be used to report test results for same-day retest failures only. Document failures on line 1 in the designated area of the retest blue form. Also document any critical criteria and injury sites the same as initial tests. Place the retest blue form in an envelope **marked in large letters “RETESTS.”** Ship this envelope with the rest of the testing materials to OEMS. This is necessary for the computer to process critical criteria and injury sites for a retest failure.

If a Candidate passes the same-day retest, “P” will be bubbled in on line 2 on the original application form. The second application is torn in half and placed in “Retest” envelope.

If a candidate leaves the test site before finishing, the OEMS Test Examiner will:

- Mark the station or stations missed as “failed” on the blue application form.
- If the Random station was missed, all seven (7) Random skills are marked “failed.”
- Mark the “Did not obtain (required #) points” Critical Criteria for each station missed.
- Mark any wound or injury location for Random skills as required.

All these steps must be taken to prevent the test results ending in “errors”

Below are examples of Test Method and Test ID numbers:

COMPLETE IF TEST NEEDED											
TEST DATE			TEST SITE			TEST METHOD					
MONTH	DAY	YEAR									
0	0	0	0	0	0	0	0	0			
1	1	1	1	1	1	1	1	1			
2	2	2	2	2	2	2	2	2			
3	3	3	3	3	3	3	3	3			
4	4	4	4	4	4	4	4	4			
5	5	5	5	5	5	5	5	5			
6	6	6	6	6	6	6	6	6			
7	7	7	7	7	7	7	7	7			
8	8	8	8	8	8	8	8	8			
9	9	9	9	9	9	9	9	9			

TEST ID #									
B	0	0	0	0	1				
A	0	0	0	0	0	0	0	0	0
0	1	1	1	1	1	1	1	1	1
C	2	2	2	2	2	2	2	2	2
D	3	3	3	3	3	3	3	3	3
E	4	4	4	4	4	4	4	4	4
F	5	5	5	5	5	5	5	5	5
G	6	6	6	6	6	6	6	6	6
H	7	7	7	7	7	7	7	7	7
I	8	8	8	8	8	8	8	8	8
J	9	9	9	9	9	9	9	9	9

PRACTICAL RESULTS									
#1	0	1	2	3	4	5	6	7	8
#2	P	1	2	3	4	5	6	7	8
#3	P	1	2	3	4	5	6	7	8
#4	P	1	2	3	4	5	6	7	8

COMPLETE IF TEST NEEDED											
TEST DATE			TEST SITE			TEST METHOD					
MONTH	DAY	YEAR									
0	0	0	0	0	0	0	0	0			
1	1	1	1	1	1	1	1	1			
2	2	2	2	2	2	2	2	2			
3	3	3	3	3	3	3	3	3			
4	4	4	4	4	4	4	4	4			
5	5	5	5	5	5	5	5	5			
6	6	6	6	6	6	6	6	6			
7	7	7	7	7	7	7	7	7			
8	8	8	8	8	8	8	8	8			
9	9	9	9	9	9	9	9	9			

TEST ID #									
B	0	0	0	0	2				
A	0	0	0	0	0	0	0	0	0
0	1	1	1	1	1	1	1	1	1
C	2	2	2	2	2	2	2	2	2
D	3	3	3	3	3	3	3	3	3
E	4	4	4	4	4	4	4	4	4
F	5	5	5	5	5	5	5	5	5
G	6	6	6	6	6	6	6	6	6
H	7	7	7	7	7	7	7	7	7
I	8	8	8	8	8	8	8	8	8
J	9	9	9	9	9	9	9	9	9

PRACTICAL RESULTS									
#1	P	1	0	3	4	5	6	7	8
#2	P	1	2	3	4	5	6	7	8
#3	P	1	2	3	4	5	6	7	8
#4	P	1	2	3	4	5	6	7	8

EMT Candidate passes all psychomotor skills on initial attempt.

EMT Candidate fails Trauma Station on retest attempt. For same-day retest, use an additional application form that is placed in separate envelope marked "RETESTS"

COMPLETE IF TEST NEEDED

TEST DATE			TEST SITE			TEST METHOD		
MONTH	DAY	YEAR						
								<input type="radio"/> IRCT
0	0	0	0	0	0	0	0	<input type="radio"/> WR
1	1	1	1	1	1	1	1	<input type="radio"/> PR
2	2	2	2	2	2	2	2	<input type="radio"/> WPR
3	3	3	3	3	3	3	3	
4	4	4	4	4	4	4	4	
5	5	5	5	5	5	5	5	
6	6	6	6	6	6	6	6	
7	7	7	7	7	7	7	7	
8	8	8	8	8	8	8	8	
9	9	9	9	9	9	9	9	

TEST ID #

B00001

A	0	0	0	0	0	0	0
B	1	1	1	1	1	1	1
C	2	2	2	2	2	2	2
D	3	3	3	3	3	3	3
E	4	4	4	4	4	4	4
F	5	5	5	5	5	5	5
G	6	6	6	6	6	6	6
H	7	7	7	7	7	7	7
I	8	8	8	8	8	8	8
J	9	9	9	9	9	9	9

PRACTICAL RESULTS

#1	P	0	2	3	4	5	6	7	8	9
#2	P	1	2	3	4	5	6	7	8	9
#3	P	1	2	3	4	5	6	7	8	9
#4	P	1	2	3	4	5	6	7	8	9

EMT Candidate fails Medical Station and passes on same-day retest. Results are reported on same Application form. Unused Application will be torn in half and placed in "Retest" envelope.

COMPLETE IF TEST NEEDED

TEST DATE			TEST SITE			TEST METHOD		
MONTH	DAY	YEAR						
								<input type="radio"/> IRCT
0	0	0	0	0	0	0	0	<input type="radio"/> WR
1	1	1	1	1	1	1	1	<input type="radio"/> PR
2	2	2	2	2	2	2	2	<input type="radio"/> WPR
3	3	3	3	3	3	3	3	
4	4	4	4	4	4	4	4	
5	5	5	5	5	5	5	5	
6	6	6	6	6	6	6	6	
7	7	7	7	7	7	7	7	
8	8	8	8	8	8	8	8	
9	9	9	9	9	9	9	9	

TEST ID #

A0107699

A	0	0	0	0	0	0	0
B	1	1	1	1	1	1	1
C	2	2	2	2	2	2	2
D	3	3	3	3	3	3	3
E	4	4	4	4	4	4	4
F	5	5	5	5	5	5	5
G	6	6	6	6	6	6	6
H	7	7	7	7	7	7	7
I	8	8	8	8	8	8	8
J	9	9	9	9	9	9	9

PRACTICAL RESULTS

#1	P	1	2	3	4	5	6	7	8	9
#2	P	1	2	3	4	5	6	7	8	9
#3	P	1	2	3	4	5	6	7	8	9
#4	P	1	2	3	4	5	6	7	8	9

First Responder Candidate Takes Written exam and passes practical on initial attempt.

Psychomotor Examination Results Tracking Form

The OEMS Test Examiner will compile test results using the Psychomotor Examination Results Tracking Form. This form will be used to record candidate's pass/fail results. Uses of this form are:

- This form is located on the CTS Registration Website at www.testing.vaems.org
- Download and print the form complete with candidates' names and levels testing from the Examiner access page.
- Examiners will follow the flow of the test noticing failure trends, backups, etc.
- Examiners will be able to identify which and how many candidates will need to retest each station.
- Examiners will have one form to refer to when giving candidates their test results.
- In addition to pass/fail, record the random skill name and critical criteria numbers.

Examiners shall return the completed form to OEMS and maintain a copy of this form for forty-five (45) days as a backup in case test results should not reach OEMS for processing.



Virginia Office of EMS Psychomotor Examination

Location: _____ Results Tracking Form _____ Date: _____

OEMS Certification Examiner(s) _____

#	Candidate			Trauma	Medical	Random	Comments
	Level	Last	First				
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Conflict of Interest Statement

As an employee of the Office of Emergency Medical Services, responsible for administering state EMS Certification examinations, the OEMS Test Examiner must abide by the following statements covering conflict of interest situations:

- Will not participate in the administration of a written or practical EMS certification examination with candidates from a course they have served as:
 - The course coordinator.
 - Officer for a business (sole proprietor, partnership or corporation) involved in teaching the course that prepared the candidates for Virginia EMS certification examinations.
 - Co-Instructor/Assisting Instructor for more than ten (10) percent.
- Will not be influenced, or persuaded, in any manner by any individual and/or group of people in the performance of their work duties and tasks.
- Will perform their work duties and tasks without any consideration for personal gain.

Custody Agreement

The OEMS Test Examiner will be required to sign a Custody Agreement for the Virginia Office of Emergency Medical Services (OEMS) certification examination booklets and scenarios in his/her possession.

The OEMS Test Examiner:

- Will assume the responsibility and exercise the necessary security measures to maintain a high level of security for the examination materials. An accounting of each examination booklet and scenario will be made before and after administration of each and every test site.
- Will understand it is prohibited to reproduce, copy, photograph or record any of the examination questions in any way or allow anyone to review or take examination material(s) from any test site.
- Will agree to assume the cost involved in replacing a compromised test series or practical scenario series if the examination is compromised as a result of my neglect.
- Will further agree to return all allotted examination booklets, scenarios and other testing materials to OEMS upon their request.

Examination Security

At no time may an Instructor/Course Coordinator, OMD, PCD, candidate of an EMS training program or anyone else not authorized by the OEMS Examiner review, copy, photograph or record an examination booklet in any way whatsoever.

- All examination booklets and scenarios must be kept in a locked container. Access to the booklets must be limited and approved by the Office of Emergency Medical Services.
- Upon receipt, all booklets and scenarios shall be inventoried to assure booklet numbers and quantities match those listed on the custody agreement.
- Custody agreements must be completed and signed and returned to the Office of Emergency Medical Services whenever examination booklets or scenarios are received.
- All examination booklets and scenarios must be accounted for at all times. If any discrepancies in quantities are noted, notify their supervisor as soon as possible.
- During the examination process, the OEMS Test Examiner must quietly circulate around the room to assure that no candidate is writing in the examination booklets, copying or recording and examination material or committing any other act of misconduct during the examination.
- The OEMS Test Examiner must be alert and very cautious as the candidates complete the examination and begin turning in all materials. This is a prime opportunity for candidates to assist each other, copy or steal materials from the examination. The OEMS Test Examiner must keep all examination materials secure and keep a physical barrier between the candidates turning in their materials and the collected materials. Do not keep the collected materials near any exit or within the reach of any candidates who approaches you. Do not discard scrap materials at the test site. Scrap materials will be shredded whenever possible.

Skill Evaluator Orientation to the Psychomotor Examination

The Examination Representative distributes all practical materials and must read the following to all Skill Evaluators, assistants and simulated patients.

Good (morning, afternoon, evening). My name is (Representative's name) and I will be the Examination Representative administering this examination.

I would like to thank you for your participation in the practical portion of the examination today. You were chosen as an evaluator today because of your expertise in the assigned skill and ability to fairly and accurately observe and document various performances.

First and foremost, if any unsafe or inappropriate behavior is demonstrated by a candidate, the station will be stopped immediately. The Test Site Coordinator and I (OEMS Test Representative) will be notified.

Any form of harassment, violence or discrimination will not be tolerated at a Consolidated Test Site (CTS). This behavior is prohibited and any violation of this policy will result in immediate dismissal from a CTS examination. The Commonwealth of Virginia strictly prohibits harassment of any employee, applicant for employment, vendor, contractor, volunteer, client, or applicant for Department of Health services, licenses, permits, certifications, etc. on the basis of race, color, national origin, age, religion, disability, sex, marital status, or pregnancy.

You must read through the scenario and instructions, brief your simulated patient and assistant and review the evaluation form prior to evaluating any candidate. Please wait until you are advised your room has been inspected before accepting candidates for your skill. I (an OEMS Test Representative) will be visiting skill stations during the examination and will try to avoid interference as much as possible. No one other than me (an OEMS Test Representative) may enter or leave a practical station during active testing.

Let me emphasize that this examination is a formal verification procedure not designed for teaching, coaching, or remedial training. Therefore, you are not permitted to give any indication whatsoever of satisfactory or unsatisfactory performance to any candidate at any time. You must not discuss any specific performance with anyone other than me (an OEMS Test Representative).

You must act in a professional manner at all times, paying particular attention to the manner in

which you address candidates. You must be consistent, fair, and respectful in carrying out your duties as a formal evaluator.

At this time, all pagers, cellular telephones, personal digital assistants and similar electronic communication devices must be turned to the silent or vibrate mode for the duration of the examination. You may use these devices as time keeping equipment if stopwatches are not available. Please do not answer calls or read and send text messages or emails while testing any candidate. You are not permitted to take any photographs, videos or other digital copies of any portion of this examination for any reason. Eating is not allowed in the testing stations while candidates are present.

No candidate, at any time, is permitted to remain in the testing area while waiting for his or her next skill. **Check every candidate's approved ID before allowing entry into the testing station.**

As the candidate enters, be sure they do not bring any books, pamphlets, brochures, study materials, calculators, or any electronic or mechanical devices. If you should see or hear any of these materials or devices, **stop the evaluation immediately** and report this to me (a Test Representative). Testing candidates are allowed to wear blank tape on their clothing or bring a blank sheet of paper to make notes during the practical testing; however, such items must be collected and given to the OEMS Test Examiner.

Clearly print the candidate's first and last name, assigned number (if used) on the evaluation form, as well as your name, the date, and scenario type and number. We suggest that you use ink pens and follow good documentation practices when completing these forms. Read aloud the "Instructions to the Practical Skills Candidate" exactly as printed on the scenario. You may not add to or detract from these instructions but may repeat any portion as requested. The instructions must be read to each candidate in the same manner to ensure consistency and fairness. Give the candidate time to inspect the equipment if necessary and explain any specific design features of the equipment if asked.

Be careful of the manner in which you address candidates as many may interpret your remarks as biased before they begin their performance. You should develop a dialogue with candidates throughout their performance and should ask questions for clarification purposes. These questions may not be leading but should be asked when additional clarification is required. Most of your responses are italicized or in quotes on the scenario guide sheet.

Do not ask for information that does not relate to the evaluation criteria in your skill. For example, if a candidate states, "I'd now apply high flow oxygen," your appropriate response might be, "Please explain how you would do that." . Do not ask for additional information beyond the scope of the skill, such as having the candidate explain the FiO₂ delivered by the device, contraindications to the use of the device, or other knowledge-type information.

Radio reports are not required except a request for medication administration. **Your response will always be “yes” to medication requests.**

You may also have to stimulate a candidate to perform some action. If a candidate states, “I’d do a quick assessment of the legs,” **you must interject and ask the candidate to actually perform the assessment as he or she would in a field situation.**

When the candidate begins their performance, document the time started on the evaluation form. All times begin with 00:00 as it appears on the stop watch. As the candidate progresses through the skill, fill out the evaluation form in the following manner:

1. Place the point or points in the appropriate space at the time each item is completed.
2. Only whole points may be awarded for those steps performed in an acceptable manner. You are not permitted to award fractions of a point.
3. Place a zero (0) in the “Points Awarded” column for any step that was not completed or was performed in an unacceptable fashion (inappropriate, haphazard, or non-sequential resulting in excessive and potentially detrimental delay).

You must observe and enforce all time limits for the skills. When the time limit has been reached, simply stop the candidate’s performance promptly, document the time the performance ended, and direct the candidate to report to the dispatcher in the waiting area. Make sure that the candidate does not take any notes on vital signs or scenario information. If a candidate is in the middle of a step when the time limit is reached, permit them to complete only that step but not start another. You should then place a zero (0) in the “Points Awarded” column for any steps that were not completed within the allotted time.

After all points have been awarded, you must total them and enter the total in the appropriate space on the form. Next, review all “Critical Criteria” statements printed on the evaluation form and check any that apply to the performance you just observed. **You must factually document your rationale for checking any of the “Critical Criteria” statements on the reverse side of the evaluation form.** Do not be vague or contradictory and do not simply rewrite the statement that you have checked. Factually document the candidate’s actions that caused you to check any of these statements. **Not all “Expected Management” items are “Critical Criteria.”** For instance, if a candidate did not cover a wound with minor bleeding, points would not be awarded for “manages secondary injuries and wounds appropriately.” This would not be a critical error. **Place a check mark for the “Injury Site” if applicable.** Be sure to sign the form in the appropriate space and prepare the equipment, supplies and patient for the next candidate.

If you are unsure of scoring a particular performance, notify me (or other OEMS Representative on site) as soon as possible. Do not sign or complete any evaluation form in which you have a

question until we have discussed the performance. If I am (If a Test Representative is) not available, make notes of the performance, notify the Test Site Coordinator to get my (our) attention, and continue on with your evaluation of other candidates if possible.

All forms should be filled-out in a manner that prohibits the candidate from directly observing the points you award or comments you may note. **Please remember the most accurate method of fairly evaluating any candidate is one in which your attention is devoted entirely to the performance of the candidate.**

You are responsible for the security of all evaluation materials throughout the examination and must return all materials to me (an OEMS Test Representative) before you leave this site. Do not leave the test site until authorized by me (an OEMS Test Representative). If you need to take a break, inform the Test Site Coordinator and secure all evaluation instruments that were issued to you. After you receive your materials, proceed to your skill station and read your essays, check the props, equipment and patient moulage to ensure all is available and functioning properly.

Are there any questions before we dismiss?

The OEMS Test Representative dismisses all Evaluators, Assistants and Simulated Patients.

Candidate Orientation to the Psychomotor Examination

Five minutes before the orientation the OEMS Test Examiner will remind the candidates they need a photo ID and to remove electronic items to their vehicles and/or take a restroom break.

Good (morning, afternoon, evening). My name is (Examiner's name) and I will be the Examination Representative administering this examination. The Test Site Coordinator for this test is (Coordinator's name). On behalf of the Commonwealth of Virginia and (name of hosting council or institution) I would like to welcome you and extend our sincere wishes for your successful completion of this examination process.

The Examination Coordinator or OEMS Test Examiner will explain the testing process according to the council's or institution's procedure. For example:

Splitting into written and practical groups

Practical stations dispatching procedure

Restroom locations

Tobacco use (Tobacco use is not permitted during the administration of the written and practical)

You are not permitted to use any books, pamphlets, brochures, study materials, calculators or any other electronic or mechanical devices in the skill stations. Study materials must remain in the waiting area. You may use study materials in the waiting area individually. Group studying is not allowed. All cellular telephones, pagers, personal digital assistants and similar electronic communication devices must be left in your locked vehicle. If you are in possession of any of these devices during the examination for any reason whatsoever, you will be immediately dismissed for the remainder of the examination. You must have permission to leave this building during the testing process from either the Test Site Coordinator or an OEMS Examiner. **Violation of these policies may be grounds to consider any portion of the test completed or not yet started as a failure.**

Evaluator will decide on a case by case basis if a candidate's phone or pager can be monitored by a staff member for a possible true emergency call if requested.

We will now go over the Virginia EMS Certification Application Form. Be certain that you have filled in the blank lines with the information requested: Last name, first name, and middle initial and suffix (Sr., Jr., II, and III), if applicable. Mailing address is where you would like your examination results to be sent. Write in the city, state and zip code. Darken in the corresponding ovals including the "blank" ovals between the numbers and words in the street name.

The F.I.P.S. code is the number that coincides with your location of residence.

The Test Representative will provide the FIPs code for any candidate that does not know it.

Darken in either male or female under sex.

Please provide at least one contact phone number that the Office of EMS can contact you during business hours.

The certification number must be completed. If you are certain of your certification number, which begins with a letter, write it in and darken in the corresponding ovals. If you are uncertain of your certification number, use your social security number but do not place a letter in front of your social security number. **If you are an EMS instructor taking the instructor recertification or VEMSES test use level "F."**

Date of Birth is year you were born. Not (current year)

On the back page

Please read, sign and date the felony statement. If you have any questions, see me after we complete this process before you sign.

Leave the Agency OMD# IF TEST WAIVED blank

Leave TEST LEVEL WAIVED blank

Leave AGENCY NUMBER blank

Complete the TEST SITE number and darken in the ovals. The number is (provide number)

TEST METHOD zero (0) for all Initial Testing (darken the oval)

TEST METHOD two (2) for all Retesting (darken the oval)

COURSE NUMBER is not required

TEST ID NUMBER: Located on front of test booklet for a written examination.

If testing psychomotor skills only, the test ID number is:

EMR/First Responder- A0001 for initial test attempt, A0002 for retest attempt

EMT - B0001 for initial test attempt, B0002 for retest attempt

If retesting is offered today, Candidates wishing to same-day retest will be required to complete a second blue application form. The OEMS Test Examiner will give you a new application form and a **BLS Retest Disclaimer** form. You are required to read and sign the Disclaimer form and complete all required information on the new application form prior to retesting.

I will now explain psychomotor portion of the examination. The Skill Evaluator is an observer and recorder of your performance in relationship to criteria established by the Virginia Office of EMS that adheres to the National/Virginia EMS Educational Standards.

The Evaluator will call you into the skill when it is prepared for testing. No candidate, at any time is permitted to remain in the testing areas while waiting for their next skill. You must wait outside of the room until the skill is opened and you are called.

As you enter the room, the Skill Evaluator will greet you and verify your identification. The Skill Evaluator will then read aloud the “Instructions to the Practical Skills Candidate” exactly as printed on the instructions provided by the Virginia Office of EMS. Please pay close attention to the instructions as they will give you valuable information about the station. The Skill Evaluator will ask if you understand the instructions and will be happy to repeat any portion if necessary.

The skill stations are supplied with several types of equipment for your selection. You will be given time at the beginning of each skill to survey and select the equipment. The Skill Evaluator will offer to point out any specific operational features of the particular brand of equipment if you are unfamiliar with any device. Stethoscopes, BP cuffs, and /or penlights are provided.

You must provide your own watch. Electronic devices are not allowed for this purpose. If you brought any of your own equipment other than a stethoscope or manual BP and a pen light, I must inspect it and approve it before you are allowed to use it in any station.

You are encouraged to explain the things you are doing within the scope of the time limit. The Skill Evaluator may also ask questions for clarification purposes only. Simply respond to their questions and continue on with the skill.

The Skill Evaluator will inform you of the time limit during the instructions. When you reach the time limit, the Skill Evaluator will direct you to stop your performance. However, if you complete the skill before your allotted time, inform the Skill Evaluator that you have finished your performance.

We have instructed the Skill Evaluators, assistants and patients not to indicate to you in any way your performance in any skill. Do not interpret any remarks as an indication of your overall performance.

I or another OEMS Examiner will be visiting skill stations observing the testing process.

You are not permitted to discuss specific details of the examination with anyone during or after leaving the test site. Contact with EMS instructors is strictly prohibited at the consolidated test site until all testing is complete. Any irregularities connected with this examination, such as giving or obtaining unauthorized information or assistance, inappropriate behavior, or other policy violations may be sufficient cause to terminate your participation and could result in withholding, suspending or denying EMS certification.

Any form of harassment, violence or discrimination will not be tolerated at a Consolidated Test Site (CTS). This behavior is prohibited and any violation of this policy will result in immediate dismissal from a CTS examination. The Commonwealth of Virginia strictly prohibits harassment of any employee, applicant for employment, vendor, contractor, volunteer, client, or applicant for Department of Health services, licenses, permits, certifications, etc. on the basis of race, color, national origin, age, religion, disability, sex, marital status, or pregnancy.

If you feel you have a complaint concerning this examination, a formal complaint procedure does exist. You must initiate any complaint with me today. Complaints will not be valid after today, after you leave this site or after I inform you of your test results. You may file a complaint for only two (2) reasons:

1. You feel you have been discriminated against. Any situation that can be documented in which you feel an unfair evaluation of your abilities occurred might be considered discriminatory. If you should encounter an evaluator that you feel may not be able to provide you a fair evaluation, **before entering the skill station**, request another evaluator.

2. If there was an equipment problem or malfunction during your performance in any skill.

I am here today to ensure that fair, objective, and impartial evaluations occur in accordance with the Virginia Office of EMS policy. If you have any concerns, notify me immediately to discuss your concerns. I will be visiting all skills throughout the examination to verify adherence to these guidelines. Please remember that if you do not voice your concerns or complaints today, before you leave this site, or before I inform you of your results, your complaints will not be accepted.

Your examination results will appear on your web-based provider portal within five days of receipt of the testing materials at the Office of EMS. **If you retest today, your retest results will appear in your provider portal 24 hours after your first test attempt results are posted.** If after ten (10) days you do not see your results on your portal, contact the Office of EMS Division of Educational Development. **Do not call the Regional EMS Council.** If your results indicate you have failed any portion of the examination, follow the directions in the letter and go to www.testing.vaems.org to register for a retest. If this is your second attempt at certification testing and you have failed, print your results and contact your instructor to learn about options for remediation. Are there any questions before we begin?

After all questions have been answered the candidates taking the practical skills will be dismissed from the room.

Written test directions are on next page

The examination Representative must read the following instructions to all candidates sitting for the written examination;

I will now explain the written examination. Virginia Emergency First Responder, Emergency Medical Technician, Enhanced, and Intermediate candidates will be given two hours to complete their written examination. Paramedic, EMT Instructor, VEMSES candidates will be given three hours to complete their written examination. You will be required to remove all material from your desk and not begin the examination until advised to do so. Be sure that you have a number 2 pencil for marking your answers.

During the examination time period, you will only be permitted to leave the room one (1) at a time to use the restroom. Your time limit will not be extended if you choose to leave. If you need to use the restroom, enclose all testing materials inside your examination booklet and give it to the examination proctor. All examination materials and personal items must remain in the examination room. This privilege will be suspended if it is abused.

The proctors are here merely to supervise the exam. We cannot answer any questions relative to any particular item in the examination. If you have a defective examination booklet or need to use the facilities please raise your hand. You will be issued a new booklet or dismissed to use the facilities as previously described.

When you finish the examination, return all testing materials issued including the examination booklet, scratch paper, answer sheet and any borrowed pencils to the proctor. When you come up to turn in your materials, be prepared to show some official form of government issued photo identification, such as your driver's license. After the proctor verifies your identity and return of all issued materials, you will sign the *Psychomotor Examination Site Roster* and quietly exit this room.

Do not write in or make any marks inside of your examination booklet. Use your answer sheet and scratch paper. Test booklets are the property of the Virginia Office of EMS. Failure to return your booklet will subject you to disqualification and other penalties.

Are there any questions before we begin?

The Test Representative must now note and announce the starting time for the examination to the nearest five (5) minutes. For example, if it is 6:22 PM, post the starting time as 6:25 PM. We suggest that you announce and post the starting time on a board large enough for all candidates to see.

Quality Assurance/Grievance Procedure

After the OEMS Test Examiner receives a complaint, he/she should provide the candidate with the *Psychomotor Examination Complaint/Grievance Form*. The candidate will then be permitted adequate time to complete the form for submission to the Committee. The OEMS Test Examiner should only permit the candidate to file a complaint based upon discrimination or equipment malfunction. The OEMS Test Examiner should under no circumstances inform the candidate or anyone else of the candidate's pass/fail status. Please inform the candidate to remain at the examination site should any further questions develop and to await his/her decision. The OEMS Test Examiner will investigate the candidate's concerns using the following procedure.

1. The OEMS Test Examiner should inform the Test Site Coordinator when a formal complaint has been initiated.
2. The OEMS Test Examiner should notify the involved Skill Evaluator that a complaint has been filed and he/she should remain on-site to be interviewed.
3. The OEMS Test Examiner should acquire the skill evaluation form(s) from the skill(s) in question. Only skills that have been addressed by the candidate in the written complaint should be reviewed.
4. The OEMS Test Examiner should determine the necessity for interviewing the Skill Evaluator and/or the candidate. If interviews of both parties are required, they should be conducted separately.
4. After all facts have been gathered and disclosed, the OEMS Test Examiner will determine one of the following outcomes:
 - Nullify the results of the skill(s) in question regardless of the score and repeat the skill(s).
 - Complaint is not valid after consideration of the facts and all results in question stand as reported.
6. Any candidate whose results have been nullified should be examined again by a different Skill Evaluator.

7. The OEMS Test Examiner should then meet with the candidate and inform the candidate of the official decision using the *Psychomotor Examination Complaint/Grievance Report Form*. The candidate should be informed that this decision is final and cannot be reversed by the Office of EMS. Obtain the candidate's signature on the form that acknowledges these actions were completed at the examination site.

8. The OEMS Test Examiner will submit the following to the Office of EMS along with all other examination materials:

- *Psychomotor Examination Complaint/Grievance Form*
- *Psychomotor Examination Complaint/Grievance Report Form*
- *Psychomotor Examination Complaint/Grievance Review Form*

False Identification

Following collection of the Virginia EMS Certification Application Form (Form A) after orienting all candidates to the psychomotor examination, if it is ascertained that a candidate's identification does not match the official examination roster or information that the candidate has completed on the form, the OEMS Test Examiner must immediately attempt to identify the impersonator. All examination materials handed-in by the impersonator must be clearly marked to fully indicate that the candidate identified on the Virginia EMS Certification Application Form did not actually complete the psychomotor examination. The OEMS Test Examiner must also dismiss the impersonator from the examination site. A report must be filed to document the irregularity and to identify all individuals involved, including the candidate scheduled to take the examination as well as the true identity of the impersonator if it can be determined. ***Photocopies of any ID are not official and will not be accepted.***

With the increased responsibility of instructors and the implementation of the CSDR, OEMS will accept only government issued ID cards, consistent with the *Virginia EMS Regulations*. All test candidates will be required to show their photo identification at every practical testing station and upon entrance at the Psychomotor Examination site. Evaluators will be required to check the ID's at each station (this will also ensure correct spelling of names on evaluation sheets). **The ID must match the eligibility letter which must match the registration.**

Late Arrivals or Early Departures from the Examination Site

Candidates will not be allowed to enter the test site after the instructions to the candidates has begun. OEMS Examiners may use their discretion in extreme situations such as inclement weather conditions in which a candidate may be granted permission to begin the psychomotor examination late.

If admitted into the examination, candidates arriving late must be afforded the opportunity to hear all the instructions and complete all of the psychomotor examination he/she needs.

No candidate may be permitted to complete only a portion of the psychomotor examination he/she needs.

Candidates must obtain permission from the OEMS Test Examiner or Test Site Coordinator before leaving the examination building during the testing process for any reason. Failure to do so may be grounds for dismissal from the Examination.

If a candidate leaves the Examination site and does not return before finishing, the Examiner will mark on the Virginia EMS Application Form the following:

1. The station or stations missed as failed on the Virginia EMS Application form.
2. "Did not obtain (required #) points" Critical Criteria for each station missed.
3. Mark any wound or injury location for stations that require them.

All these steps must be taken to prevent the results ending in "errors"

Interruption of the Psychomotor Examination

Once the examination has started, if a candidate withdraws from the examination for any reason prior to completion, collect the candidate's skill evaluation materials in the usual manner and report any results completed up until that point. You should make a note on the Psychomotor Examination Results Tracking Form in the "Comments."

Despite the Test Site Coordinator's best planning, an interruption outside of anyone's control may disturb a candidate who is taking the psychomotor examination. An excessive interruption in a room where a candidate is attempting to complete a skill is an example of an interruption that could affect the candidate's concentration. In this circumstance, the OEMS Test Examiner should use his/her best judgment and nullify the result if necessary if you believe the interruption adversely impacted the candidate's performance.

Perhaps the most severe form of interruption during the psychomotor examination can occur when the fire alarm sounds for a fire drill or the electricity goes off in the building. Should this occur, the OEMS Test Examiner, Skill Evaluators, and Test Site Coordinator must secure all examination materials until you are able to re-enter the building or power is restored. If necessary, you should nullify results for candidates testing in skills when the interruption occurred and permit him/her to restart and complete that skill on his/her initial attempt after order is restored in the examination site. These are general guidelines for dealing with the rare interruptions of psychomotor examinations. Should you ever be confronted with such a situation, use your best judgment in consultation with the Test Site Coordinator.

Your decisions should be based on ensuring that all candidates were able to complete the psychomotor examination in the same standardized format as all other candidates. Do not make any decision that could potentially jeopardize the health and safety of anyone involved with the examination!

Use of Prohibited Materials

Candidates are not permitted to use notes of any type that were brought into the examination and they are not permitted to take any study materials into any skill when testing. Candidates may use study materials in the waiting area individually. Group studying is not allowed. Candidates must not copy any material from the examination or make recordings of the examination at any time or in any way. The use of calculators, pagers, cellular telephones, personal digital assistants, or any other mechanical or electronic communication device is strictly prohibited throughout the psychomotor examination.

If a candidate is discovered attempting to engage or engaging in any kind of inappropriate behavior during the psychomotor examination, such as giving or receiving help; using prohibited notes, books, papers, or a mechanical device of any kind; using recording, photographic, or any other electronic communication device; removing or attempting to remove examination materials or notes from any room; or taking part in any act of impersonation, the candidate may be dismissed from the examination process by the OEMS Test Examiner.

If a candidate is suspected of committing any of the above actions, the OEMS Test Examiner must prepare a written report, paying particular attention to the following criteria:

- Identify each suspected candidate by name, certification number, and level of examination.
- Identify any other candidate(s) who are also suspected of being involved. Place his/her name(s), certification number(s), and level of examination(s) in the report. Please explain the degree to which the additional candidate(s) was/were cooperating in the misconduct.
- Identify the names, addresses, and phone numbers of all Skill Evaluators, Simulated Patients, Test Site Coordinator, and any other person who also observed the incident.
- All completed reports must be submitted to the OEMs Test Examiner before leaving the site.
- Each person submitting the report must sign the report.

If a candidate's behavior during the psychomotor examination disturbs or prevents others from doing his/her best work, warn the candidate that he/she will be dismissed if the behavior persists.

Some candidates may attempt to use or share “fraternity notes” or other illegal information with each other in preparation for the psychomotor examination. If anyone suspects a candidate of such activity, they need to immediately notify the OEMS Test Examiner. The Examiner will:

- Immediately suspend administration of the psychomotor examination to all candidates at that site.
- Interview any candidate suspected of this inappropriate behavior. If more than one (1) candidate is suspected, the interviews must be conducted separately.
- Attempt to obtain all copies of such notes or recordings for inspection.
- Enlist the assistance of law enforcement personnel to assist with removal of candidate.

After all materials have been retrieved, all interviews completed, and the OEMS Test Examiner is reasonably satisfied that all candidates involved have been dismissed, administration of the psychomotor examination may resume.

Candidates Suspected of Dishonest Action

A written report must be submitted in all suspected cases of dishonesty in the psychomotor examination by the OEMS Test Examiner in addition to any proctor(s), the Test Site Coordinator, and all other personnel who witnessed the occurrence. The report must include the following:

- Name, address, and phone number of the person who witnessed the occurrence
- Purpose/function at the examination site
- A summary of all facts concerning the situation

Prior to returning completed examination materials, the OEMS Test Examiner must clearly mark the Virginia EMS Certification Application of all candidates involved and attach all affected forms to the incident report.

Irregular Behavior

The following may be sufficient cause to bar candidates from future examinations, to terminate participation in an ongoing examination, to invalidate the results of an examination, to withhold or revoke scores or certification, or to take other appropriate action:

- The giving or receiving of aid in the examination as evidence either by observation or by statistical analysis of answers of one or more participants in the examination.
- The unauthorized access to, possession, reproduction, disclosure or use of any examination materials, including, but not limited to, examination scenarios or answers before, during or after the examination. Candidates and any others shall be verbally warned not to discuss the scenarios. If the problem continues, the candidate or other person shall be removed from the test site and a Complaint Form shall be filled out and submitted with the testing paperwork to OEMS. Further action may result.
- Willfully taking a certification examination for someone else. Candidates shall be removed from the test site. A Complaint Form shall be filled out and submitted with the testing paperwork to OEMS. Further action may result. Refer to the *Virginia EMS Regulations* for additional details
- The making of threats toward examination staff or agents.
- The use of unprofessional (foul) language.
- The offering of any benefit to any agent of the NREMT, State EMS Office or the testing service and/or a testing site administrator in return for any aid or assistance in taking an examination.
- The engaging in irregular behavior in connection with the administration of the examination.
- Any form of harassment or discrimination will not be tolerated at any examination site.
- The use of alcohol or illicit drugs during the testing process is prohibited.

Candidates and others shall be given one verbal warning not to continue with such behavior. If the problem continues, candidates and others involved shall be removed from the test site. A Complaint Form shall be completed and submitted with the testing paperwork to OEMS.

Harassment Policy

Any form of harassment, violence or discrimination will not be tolerated at any Psychomotor Examination Site. This behavior is prohibited and any violation of this policy will result in immediate dismissal from the examination. The Commonwealth of Virginia strictly prohibits harassment of any employee, applicant for employment, vendor, contractor, volunteer, client, or applicant for Department of Health services, licenses, permits, certifications, etc. on the basis of race, color, national origin, age, religion, disability, sex, marital status, or pregnancy. OEMS Test Examiners shall investigate and report any form of harassment, violence or discrimination at Psychomotor Examination Sites.

Dismissal from the Psychomotor Examination

Because of the need to maintain order and examination security in the examination process, you have the authority to dismiss a candidate for misconduct as outlined above. However, dismissal from the examination may have serious consequences for a candidate and should be a last resort. In certain cases, you may be reluctant to recommend dismissal for fear of embarrassment, disturbance to other candidates, or physical reprisal.

You may decide to dismiss when warranted, but you should use your best judgment in handling the situation. Take no action until you are certain a candidate has given or received assistance; used prohibited aids; disturbed others who were taking the examination; made threats toward staff or agents; used unprofessional (foul) language when interacting with staff or agents; attempted to take or took any confidential OEMS examination materials; or engaged in irregular behavior in connection with the administration of the examination. When you are sure of a violation, immediately collect all of the candidate's psychomotor examination material completed up until that point and dismiss him/her/them from the examination site. Tell the candidate(s) only that failure to abide by the examination regulations has made your actions necessary. Give a full account of the incident on a report following the criteria outlined above. Return all examination materials, indicating on the Virginia EMS Certification Application that the candidate's results have been subject to misconduct as documented in your incident report.

Any portion of the testing process that the candidate has not completed prior to being removed from a Psychomotor Examination Site will be graded as a failure. Any appropriate enforcement action as defined by 12VAC-5-31, the *Virginia EMS Regulations*, shall be taken as necessary. An administrative hearing may be conducted by the OEMS with the affected candidate to determine if subsequent testing will be permitted.

Psychomotor Examination Accommodations

All candidates must complete the psychomotor examination in the same standardized format. The presentation of any skill may not be altered to accommodate a candidate's request. The OEMS Test Examiner is not authorized to make any determination for accommodation of the psychomotor examination. For example, it is not appropriate to move the Simulated Patient in the Patient Assessment/Management – Trauma skill from the floor to an examination table at the candidate's request because the candidate is physically unable to bend down and assess a patient found lying on the floor. The psychomotor examination is intended to present simulated patients with realistic situations that approximate the candidate's ability to function in the out-of-hospital environment. The OEMS Test Examiner and all Skill Evaluators must remain vigilant for any situation that may alter the normal presentation of any skill other than that which is intended throughout the psychomotor examination. When in doubt, contact the Office of EMS for assistance regarding accommodations.

Reporting Psychomotor Examination Results

The psychomotor examination skill evaluation forms should be totaled by the Skill Evaluator. The OEMS Test Examiner may total the points on forms that have not been added-up as long as the points for each individual step have been entered. The OEMS Test Examiner should determine, based upon the "Critical Criteria" and minimum point totals, if a candidate has passed or failed each skill. The OEMS Test Examiner should re-calculate the point total on all sheets where it appears as though the minimum number of points has not been gained. If the Skill Evaluator has left any areas of the form blank, if comments written by the Skill Evaluator do not support the points awarded or deducted, or any other areas of confusion exist, the OEMS Test Examiner shall have the Skill Evaluator provide greater clarification. After discussion, if it is determined that the Skill Evaluator made any error in scoring, the Skill Evaluator should make any necessary adjustments to the evaluation form and initial any changes. If the objectivity of the Skill Evaluator is questioned, the OEMS Test Examiner should again observe the Skill Evaluator until he/she again verifies that the skill is being conducted within OEMS guidelines.

The OEMS Test Examiner should transcribe all results onto the Virginia EMS Certification Application (Form A) This may be accomplished at the examination site or following the examination at the discretion of the OEMS Test Examiner based upon availability of private space to score psychomotor results, the flow of the examination, and the possibility of administering same-day retest. If a same-day retest is administered, have retesting candidates fill out another Virginia EMS Certification Application form. This is necessary for the computer to process critical criteria and injury sites for the retest.

When a candidate chooses to retest, the OEMS Test Examiner will give them a new application form and the TR-77 BLS Retest Disclaimer form. The candidate is required to read and sign the Disclaimer form and complete all required information on the new application form prior to retesting.

Retest application forms must be kept separate and placed in an envelope **marked in large letters “RETESTS.”** Ship this envelope with the rest of the testing materials to OEMS.

Same-Day Retest Considerations

The decision to offer same day retesting is made by the **Test Site Coordinator after consultation with the OEMS Test Examiner.** The Office of EMS **does not** mandate or guarantee same day retesting at any Psychomotor Examination test Site. OEMS Test Examiners will support whatever decision the Test Site Coordinator makes. Examiners should maintain close communication with the Test Site Coordinator to maximize resources and candidate/paperwork movement to keep the test running in an efficient manner. OEMS Test Examiners will need to stay up with the paperwork in order to give timely results to the candidates.

OEMS Test Examiners will only give results to candidates for the first test taken that day. No results will be given for same day retests. OEMS Test Examiners and Test Site Coordinators need to ensure candidates understand that failing the retest that day will require remedial education before gaining secondary eligibility.

Candidates wishing to retest will sign a form provided by the OEMS Test Examiner that explains this policy. All candidates, regardless of the standards they were taught or previously tested, can retest if eligible.

Test results will only be given at Psychomotor Examination Sites that offer same day retesting. The candidate must also understand that if they have a grievance, they must report it to a Test Examiner before they receive their test results.

Test results are reported as pass or fail. Inform the candidate that any critical criteria failed will not be disclosed at the test site, but will be included in their official test results letter available through the EMS portal.

The decision to offer same day retesting should be made as early as possible the day of the examination. The following factors should be considered:

- Ability of the OEMS Test Examiner to score all psychomotor results and tabulate retest needs
- Availability of qualified Skill Evaluators to be reoriented to different skills.
- **No candidate may be retested on the same day in any skill by the original Skill Evaluator.**
- Protection of all Skill Evaluators and the Test Site Coordinator. Unnecessary animosity and undue retribution should be avoided at all costs.
- Total number of candidates who need to retest on the psychomotor exam
- Consensus and ability of the Skill Evaluators to stay the additional time to complete all retests
- Availability of the examination site to ensure completion of the retest and associated logistics
- Travel considerations of the examination staff

Do not commit to administer a same-day retest until the final decision has been made, taking into account the factors outlined above. After the decision has been made to conduct a same-day retest, all candidates should be informed that a same-day retest will be made available. The OEMS Test Examiner should inform all candidates that they will be entitled to only one (1) retest attempt at that test. No candidate is permitted to complete the entire Psychomotor Examination again during a same-day retest attempt.

The OEMS Test Examiner should also remind all candidates that no complaint will be valid if it is issued after being informed of his/her results.

The following candidates would be eligible for a same-day retest if administered:

- EMT candidates completing a full attempt (completes all three [3] skills) who fail two (2) or less skills
- EMR candidates completing a full attempt (completes both skills) who fail one skill

The following candidates are **not eligible** for any same-day retesting:

- EMT candidates completing a full attempt (completes all three [3] skills) who fail all skills
- EMR candidates completing a full attempt (both skills) who fail all skills

Once the OEMS Test Examiner commits to administer a same-day retest, it is possible to begin retesting before every single candidate finishes the psychomotor examination provided two (2) or more of each skill was set up and Skill Evaluators don't need to be reoriented to different skills. No candidate can begin to retest until the OEMS Test Examiner has scored every result for that candidate's attempt and determined if he/she is eligible to retest. If only one (1) of every skill was set-up, the OEMS Test Examiner will need to re-orient Skill Evaluators to a different skill before the same-day retest can begin. **Remember that no candidate may be retested on the same day in any skill by the original Skill Evaluator.** If skills were duplicated at an examination site, retesting would be as simple as ensuring the candidate reports to the other skill for his/her retest.

Perhaps the most difficult part of conducting a same-day retest is being able to score results, informing the candidate of his/her results, and notifying the Test Site Coordinator of the candidates who can start retesting if any skill is available. Perhaps the most efficient way to conduct a same-day retest is when the OEMS Test Examiner uses the "Same-Day Retest Form" (pg 149) in this way:

- Fill-in the candidate's name.
- Record the candidate's results by marking the skill(s) the candidate has failed.
- Somehow note the original skill the candidate failed (name of Skill Examiner, Scenario #, Room #, etc.).
- Inform the candidate of his/her results in the usual fashion.
- Only give the completed Same-Day Retest Form to those candidates who are eligible to retest.
- Instruct any candidate wanting to retest to turn-in this retest slip to the Test Site Coordinator or Dispatcher.
- When the Skill Evaluators are prepared, the Test Site Coordinator can begin the same-day retest by sending the candidate to a skill that everyone has initially completed and is appropriately set-up for retesting.

If a candidate chooses to retest, the OEMS Test Examiner will also give them a new application form and the TR-77 BLS Retest Disclaimer form. The candidate is required to read and sign the Disclaimer form and complete all required information on the new application form prior to retesting.

When conducting a same-day retest it is more efficient not to wait until every candidate has completed the psychomotor examination before starting to retest. The completed "Same-Day Retest Forms" help the Test Site Coordinator to know who is eligible and ready to retest the moment the candidate hands him/her the Same-Day Retest form.

Informing Candidates of Initial Test Results

The OEMS Test Examiner should privately and individually inform the candidate of his/her results and offer the candidate the option for a same-day retest if one is being administered. Before informing the candidate of his/her results, the OEMS Test Examiner should ask one last time, "Do you have any complaints concerning equipment malfunction or discrimination?" **If not, the OEMS Test Examiner should only show candidates the completed Same Day Retest Form and should in no way inform them as to the reason(s) for failure. Retests should be completed in an all-or-none fashion.**

Candidates are only permitted to complete the entire retest, not just a portion of the retest to which they are entitled. It is the candidate's decision to complete a same-day retest. Candidates who are completing the retest should be cautioned that failure of any skill on the retest constitutes complete failure of the entire psychomotor examination, requiring him/her to complete the entire psychomotor examination (all skills) on the next full attempt after officially documenting remedial training in all skills. **Remember** that the retest must be within 90 days of the initial psychomotor examination to be accepted.

Informing candidates of the psychomotor examination results on the same day may create an antagonistic response from the candidates who have failed any portion. The OEMS Test Examiner and the Test Site Coordinator should be made aware of this possibility.

Retest results will not be given at the test site. Candidates must wait for the official results on their OEMS Provider Portal.

If neither is prepared to uphold all evaluations of the Skill Evaluators and the criteria for the psychomotor examination, or if candidates become boisterous, unruly, and hostile upon being informed of their results, no same-day retest should be offered. In this situation, it is best to dismiss all remaining personnel from the examination site without giving out any more results. Suspend any retesting if underway, inform all remaining candidates to expect their results on the EMS Portal collect and secure all examination materials, and dismiss all personnel from the examination site.

Same Day Retest Form

Candidate: _____

- ☐ Patient Assessment/Management – Trauma
- ☐ Patient Assessment/Management – Medical

Random Skills (must retest the same skill that was failed):

- ☐ Airway management
- ☐ Bleeding Control/Shock Management
- ☐ Long Bone Immobilization
- ☐ Joint Immobilization
- ☐ Traction Splint
- ☐ Spinal Immobilization (Supine Patient)
- ☐ Spinal Immobilization (Seated Patient)

OEMS Test Examiner's Initials _____

Give this form to the Test Site Coordinator or Dispatcher

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Additional Tests Offered at Psychomotor Examination Sites:

SPECIAL NOTE: Cognitive testing will be offered until December 31, 2013 at which time all cognitive testing except Education Coordinator exams will be conducted by National Registry at a Pearson Vue testing center.

- **BLS Re-entry – Requires both Cognitive and Psychomotor**
- **ALS Re-entry- Requires cognitive only**
- **Equivalency/Challenges- Requires both Cognitive and Psychomotor**
- **Legal Recognition- Requires both Cognitive and Psychomotor**
- **Recertification- Cognitive only**
This includes EMT Instructors taking the EMT-B cognitive examination until October 10, 2014.
- **Education Coordinator Pretest- Cognitive only**
- **VEMSES Knowledge Competency Examination- Cognitive only**

Examiners shall ensure all candidates are listed on the Psychomotor Examination Roster. Candidates shall be assigned the appropriate test booklet and scratch paper if necessary. The Test Examiner shall enter the test start time for each candidate. Upon completion of the written examination or upon the expired maximum time allowed for the test, the candidate shall return the test booklet, the Certification Application Form and any scratch paper to the Test Examiner. The candidate will then sign out on the Examination Roster. Candidates only taking a written examination are excused from the test site upon completion of their written exam or maximum time allowed for the test has expired. Candidates requiring practical test shall then report to the staging area for practical skills testing assignment.

Completion of the Psychomotor Examination

The OEMS Test Examiner will be very busy scoring results, informing candidates of his/her unofficial results, and coordinating any same-day retest as Skill Evaluators begin to finish the psychomotor examination and turn-in examination materials. The OEMS Test Examiner should develop the following habit for collecting psychomotor examination materials to help ensure that no secure materials will be lost:

- As the Skill Evaluator turns-in material, ask yourself, “Is there any secure scenario information this Skill Evaluator should be turning-in?” Remember that Patient Assessment/Management – Trauma and Patient Assessment/Management – Medical may have secure scenario information that needs to be collected before the Skill Evaluator leaves the site.
- If the Skill Evaluator was issued secure scenario information, stop transcribing examination results and re-inventories all secure information the Skill Evaluator is turning-in. Immediately file the secure information in a safe area.
- Briefly interview the Skill Evaluator concerning any problems or areas of confusion that may have occurred before dismissing the Skill Evaluator.
- Continue transcribing results until the next Skill Evaluator turns-in materials.

The OEMS Test Examiner should ensure the security of all psychomotor examination material until the psychomotor examination concludes. Any secure psychomotor examination materials should be inventoried upon completion of the psychomotor examination and again before leaving the examination site.

Psychomotor Examination – Test Package

After all the results have been transcribed onto the Virginia EMS Certification Form (Form A), the OEMS Test Examiner should stack the forms **in alphabetical order** with the completed Psychomotor Examination Results Tracking Form. **Do not staple anything to the Virginia EMS Certification Form and do not interfile any other materials with them.** The skill evaluation forms should also be collected in alphabetical order. Retest application forms must be kept separate and placed in an envelope **marked in large letters “RETESTS.”** All forms will be placed in a shipping envelope and shall be shipped to OEMS by UPS no later than the next business day. Contents of the test package include:

1. Test Package form- Form #TR-CTS-007
2. Completed Virginia EMS Certification Forms for each candidate in alphabetical order
 - a. Same-Day retests are separated in envelope marked “RETESTS”
3. EMT Instructor Pretest/VEMSES test packets with EMS Certification forms separated from other forms
4. Completed Psychomotor Examination Results Tracking form
5. Skills evaluation forms in alphabetical order. Each candidate’s forms stapled together
6. *Consolidated Test Site Roster*- Form #TR-CTS-005
7. *Practical Test Summary*- Form # TR-CTS-002
8. *CTS Payment Request Form* – Form# TR-CTS-001
9. EMT/EMR Tracking Forms- Forms # TR-CTS-003/004
10. Eligibility Letters for all candidates
11. Comment/Complaint forms if applicable
12. *Training Program Complaint/Instructor Evaluation* forms if applicable

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Appendix A: Test Forms

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BLS Certification Candidate Affirmation of Consolidated Test Site Retest and Grievance Policy

Virginia Office of EMS
Division of Educational Development
1041 Technology Park Drive
Glen Allen, VA 23059

804-888-9120

The State EMS Test Examiner has been notified that today's psychomotor examination will allow for a same day retest. It is important for you to understand that today's psychomotor examination is designed to verify minimal competencies in the skills tested. If you are an EMT Candidate and fail no more than two (2) stations or an EMR Candidate and fail no more than one (1) station, the State EMS Test Examiner will notify you of the skill station(s) failed. Notifying you of the specific errors causing you to fail will not be provided, but will be included in the notice you receive from the Office of EMS with your official results.

If you are unsuccessful in any skill station, you are encouraged to contact your instructor for remediation over the skill(s) failed prior to retesting however, such remediation cannot occur at the test site.

If you have a complaint concerning the psychomotor examination, a formal complaint procedure exists. You must initiate any complaint with a State EMS Test Examiner today. Complaints will not be valid after today and will not be accepted if they are issued after you learn your results or leave this site. You may file a complaint for only two (2) reasons:

1. You believe you have been discriminated against. Any situation that can be documented in which you feel an unfair evaluation of your abilities occurred might be considered discriminatory.
2. There was an equipment problem or malfunction during your performance in any skill.

If you feel either of these two issues has occurred, you must contact only a State EMS Test Examiner immediately to initiate the complaint process. You will be supplied the necessary complaint form that you must complete. Your concerns will be reviewed and a final determination will be made today. Remember the complaint must be issued prior to you leaving this site or receiving your test results. If your complaint is found valid, your results for the skill in question, whether or not you passed or failed, will be void and you will be allowed to attempt the skill again with a different scenario and evaluator.

Results of any retest will not be disclosed at the test site, but will be included in your official test results letter available through your EMS portal.

Failure of a primary retest will require that you complete the continuing education (CE) requirements for the level being tested prior to receiving eligibility to initiate your secondary testing series. The continuing education must be submitted to the office by a CE scanner or on CE cards.

Failure of a secondary retest will result in failure of the examination series. To test again at the level being sought, you must enroll in and complete an entire certification program.

Please be sure you understand the ramifications of a retest failure. Be sure to discuss your options with the Virginia EMS Test Examiner with any questions about the retest process and consequences. Remember, any complaint or grievance you may have must be submitted prior to receiving your test results.

Failure can be a very emotional event; however your behavior is expected to remain professional. You must understand that the Virginia Department of Health, Office of EMS does not tolerate any form of harassment, violence or discrimination at a Consolidated Test Site (CTS). This behavior is prohibited and any violation of this policy will result in immediate dismissal and further action as deemed appropriate.

I, _____, have read through and understand the retest guidelines and that whether or not I choose to retest is solely my decision.

Signature: _____ Date: _____

Virginia EMS Number (if available): _____

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Psychomotor Examination Payment Request Form

Virginia Office of EMS
Division of Educational Development
1041 Technology Park Drive
Glen Allen, VA 23059

804-888-9120

Test Site Location:

Date of Test: - - (MM-DD-YYYY)

Test Site ID #

Name of Test Coordinator:

Number of EMT candidates testing

(A)

Number of EMR/FR candidates testing

(B)

Total number of candidates testing (A+B)

Number of same-day retesting candidates:

(C)

Time test site setup started: : AM PM

Time test site take down completed: : AM PM

Name of Payee:

FIN:

Address:

Phone: () -

Certification:

I hereby certify that all the information provided on this form is correct and that I am not receiving payment from any other source for coordinating this Psychomotor Examination Site.

Test Coordinator's Signature

Test Coordinator's Name Printed

Date of Request (MM-DD-YYYY)

OEMS Test Examiner Signature

OEMS Examiner's Name Printed

OEMS Use Only:

Level of Candidates	Number of Tests	Amount		Total	
Emergency Medical Technician(A)		\$		\$	
EMR/First Responder (B)		\$		\$	
EMT, EMR/FR same-day retests (C)		\$		\$	
Test Site Coordinator Fee		\$		\$	
Total Consolidated Test Site Cost				\$	
Date Processed: / / (MM-DD-YYYY)					
Approved By:					

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Practical Test Summary

Virginia Office of EMS
Division of Educational Development
1041 Technology Park Drive
Glen Allen, VA 23059

804-888-9120

Location: _____ Site #: _____ Date: ____ / ____ / ____ (MM-DD-YYYY)

STATION:	Location	Evaluator		Patient	Scenario
Trauma 1					
Trauma 2					
Trauma 3					
Trauma 4					
Trauma 5					
Trauma 6					
Trauma 7					
Trauma 8					
STATION:	Location	Evaluator		Patient	Scenario
Medical 1					
Medical 2					
Medical 3					
Medical 4					
Medical 5					
Medical 6					
Medical 7					
STATION:	Location	Evaluator	Assistant	Patient	Scenario
Random 1					
Random 2					
Random 3					
Random 4					
Random 5					
Random 6					
Random 7					
Random 8					

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EMT Tracking Form

Virginia Office of EMS
Division of Educational Development
1041 Technology Park Drive
Glen Allen, VA 23059

804-888-9120

Location: _____ **Site #:** _____ **Date:** ____/____/____ (MM-DD-YYYY)

[illegible]

Desk Clerk: Page ____ of ____

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Psychomotor Examination Site Roster

Virginia Office of EMS
Division of Educational Development
1041 Technology Park Drive
Glen Allen, VA 23059

804-888-9120

Location: _____ Site #: _____ Date: ____ / ____ / ____ (mm/dd/yyyy)

OEMS Test Examiner(s): _____

Levels Tested: EMR ☐ EMT ☐ EMT Instructor Pretest ☐ Instructor Recert. ☐

Enhanced ☐ Intermediate ☐ Paramedic ☐

Please Print the Information Requested Below & Sign Where Indicated

#	Start Time	Candidate Last, First, Middle	Candidate Signature	Test Book ID Number	Do You Wish to File a Complaint?

Desk Clerk: _____ Page ____ of ____

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Test Package Form

Virginia Office of EMS
Division of Educational Development
1041 Technology Park Drive
Glen Allen, VA 23059

804-888-9120

Location: _____

Test Site #: _____

Date: ____ / ____ / ____ (mm/dd/yyyy)

CTS Examiners:

1. _____
2. _____
3. _____

Site Coordinator: _____

EMS Program Rep: _____

The contents of this package include:

- ☐ Completed Certification Applications
- ☐ CTS Payment Request Form – Form # TR-CTS - 001
- ☐ CTS Roster – Form # TR-CTS – 005
- ☐ All Practical Skills Testing Paperwork
 - Practical Test Evaluation Forms (*Results*)
 - Practical Testing Summary – Form # TR-CTS - 002
 - Practical EMT-B / FR Tracking Form(s) – Form(s) # TR-CTS – 003 / 004
- ☐ Eligibility Letters for all Candidates
- ☐ EMT Instructor Pre-Test Packets & Blue Forms separate from other candidates

If Applicable:

- ☐ Comment / Complaint Forms
- ☐ Instructor Evaluation Forms

Special notes to OEMS:

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804-888-9120

Note: You are advised to stay on-site during review of your complaint. If you have not yet completed your psychomotor stations, you are encouraged to continue testing. Do not leave this site until the Virginia Office of EMS Test Examiner informs you of their official decision.

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Virginia Office of EMS Basic Life Support Psychomotor Examination Complaint/Grievance Report Form

Virginia Office of EMS
Division of Educational Development
1041 Technology Park Drive
Glen Allen, VA 23059

804-888-9120

Candidate: _____ EMS #: _____

Station/Skill: _____ Evaluator: _____

Exam Site: _____ Date: _____

After reviewing and investigating the facts as presented, the official decision pertaining to this issue is as follows:

_____ Nullify the results of the skill(s) in question regardless of the score and repeat the skill(s).

_____ Complaint is not valid after consideration of the facts and all results in question stand as reported.

As the Office of EMS Test Examiner, I have reviewed, investigated, and as necessary consulted with pertinent resources the complaint/grievance based upon all facts presented.

Virginia Office of EMS Test Examiner

Printed Name: _____

Signature: _____ Date: _____

As the complainant, I have been informed of the official and final decision on this complaint/grievance.

Signature of Candidate: _____ Date: _____

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Virginia Office of EMS Basic Life Support Psychomotor Examination Complaint/Grievance Review Form

Virginia Office of EMS
Division of Educational Development
1041 Technology Park Drive
Glen Allen, VA 23059

804-888-9120

I have reviewed, investigated and as necessary consulted with appropriate resources the following situation and all related facts as documented below: EMS Number of Complainant : _____

Nature of the Complaint/Grievance:

Summary of the Facts:

After reviewing the complaint/grievance, the official decision is as follows:

Printed Name of Virginia Office of EMS Test Examiner: _____

Signature of Virginia Office of EMS Test Examiner: _____

Consolidated Test Site Location: _____

Date: _____

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Same Day Retest Form

Candidate: _____

- ☐ Patient Assessment/Management – Trauma
- ☐ Patient Assessment/Management – Medical

Random Skills (must retest the same skill that was failed):

- ☐ Airway management
- ☐ Bleeding Control/Shock Management
- ☐ Long Bone Immobilization
- ☐ Joint Immobilization
- ☐ Traction Splint
- ☐ Spinal Immobilization (Supine Patient)
- ☐ Spinal Immobilization (Seated Patient)

OEMS Test Examiner's Initials _____

Give this form to the Test Site Coordinator or Dispatcher

Same Day Retest Form

Candidate: _____

- ☐ Patient Assessment/Management – Trauma
- ☐ Patient Assessment/Management – Medical

Random Skills (must retest the same skill that was failed):

- ☐ Airway management
- ☐ Bleeding Control/Shock Management
- ☐ Long Bone Immobilization
- ☐ Joint Immobilization
- ☐ Traction Splint
- ☐ Spinal Immobilization (Supine Patient)
- ☐ Spinal Immobilization (Seated Patient)

OEMS Test Examiner's Initials _____

Give this form to the Test Site Coordinator or Dispatcher

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Appendix B: Skill Station Signs

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PATIENT ASSESSMENT/ MANAGEMENT TRAUMA

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PATIENT ASSESSMENT/ MANAGEMENT MEDICAL

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RANDOM SKILLS

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Appendix C: Skill Sheets

Color Code for skill sheets

Medical:	Blue
Trauma:	Pink
Airway:	Dark Blue/Purple
Bleeding:	Red
Joint:	Gray
Long Bone:	Salmon
Traction:	Gold
Seated/KED:	Green
Back boarding:	Yellow

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Patient Assessment/Management – Trauma

LEVEL TESTED: ☐ FR/EMR ☐ EMT-B/EMT ☐ EMT-Inst/EC

Date: ____/____/____

Test Site Location: _____

Station #:

Candidate's Name: _____ #: _____ End Time: _____

Evaluator's Name: _____ Start Time: _____

Total Time: _____

NOTE: Areas denoted by "***" may be integrated within the sequence of the Primary Assessment without penalty

USE FOR VEMSES CANDIDATES ONLY		Points Possible	Points Awarded
Takes or verbalizes standard precautions (BSI) <i>if appropriate based on patient scenario</i>		1	
SCENE SIZE-UP			
Determines the scene is safe		1	
Determines the mechanism of injury		1	
Determines the number of patients		1	
Requests additional help if necessary		1	
Considers stabilization of spine		1	
PRIMARY ASSESSMENT			
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness (AVPU)		1	
Determines chief complaint/apparent life threats		1	
Airway	Opens and Assesses airway	1	
	Inserts adjunct as indicated	1	
Breathing	Assessment	1	
	Initiates appropriate oxygen therapy	1	
	Assures adequate ventilation	1	
	Injury management that compromises airway/breathing	1	
Circulation	Assesses/controls major bleeding if present	1	
	Assesses pulse	1	
	Assesses skin (either color, temperature or condition)	1	
	Initiates shock management (proper position, conserve heat)	1	
Identifies priority patients/makes transport decision/integrates treatments to preserve life		1	
HISTORY TAKING			
Obtains S.A.M.P.L.E. history, if able		1	
SECONDARY ASSESSMENT AND VITAL SIGNS			
Obtains vital signs (must include Pulse, Respirations and BP)		1	
Assess the head	Inspects and palpates the scalp and ears	1	
	Assesses the eyes**	1	
	Assesses the facial areas including oral and nasal areas**	1	
Assess the neck**	Inspects and palpates the neck	1	
	Assesses for JVD	1	
	Assesses for tracheal deviation	1	
Assess the chest**	Inspects	1	
	Palpates	1	
	Auscultates	1	
Assess the abdomen/pelvis	Assesses the abdomen	1	
	Assesses the pelvis	1	
	Verbalizes assessment of genitalia/perineum as needed	1	
Assess the extremities	1 point for each extremity Includes inspection, palpation and assessment of motor sensory and circulatory function	4	
Assess the posterior	Assesses thorax**	1	
	Assesses lumbar	1	
Manages secondary injuries and wounds appropriately		1	
REASSESSMENT (verbalized)			
Verbalizes reassessment of the patient and interventions		1	
TOTAL:		42	

Critical Criteria: (You must thoroughly explain your reason for checking any critical criteria on the back of this sheet)

- ☐ 111- Did not determine scene safety
- ☐ 112- Did not provide for spinal protection when indicated
- ☐ 113- Did not assess for and verbalize high concentration of oxygen, if indicated
- ☐ 114- Did not find, or manage, problems associated with airway, breathing, hemorrhage or shock
- ☐ 115- Did other assessment before assessing the airway, breathing and circulation
- ☐ 116- Did not verbalize appropriate intervention or verbalized inappropriate/unsafe treatment
- ☐ 117- Did not verbalize transporting patient within 10-minute time limit, if EMT candidate
- ☐ 118- Did not obtain 33 or more points

☐ P ☐ F

OEMS Examiner
Review

Initials: _____

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Patient Assessment/Management – Medical

Station #:
_____LEVEL TESTED: ☐ EMT-B/EMT ☐ EMT-Inst/EC

Date: ____/____/____ Test Site Location: _____

Candidate's Name: _____ #: _____ End Time: _____

Evaluator's Name: _____ Start Time: _____

Total Time: _____

USE FOR VEMSES CANDIDATES ONLY

USE FOR VEMES CANDIDATES ONLY		Points Possible	Points Awarded
Takes or verbalizes standard precautions (BSI) <i>if appropriate based on patient scenario</i>		1	
SCENE SIZE-UP			
Determines the scene is safe		1	
Determines the nature of illness		1	
Determines the number of patients		1	
Requests additional help if necessary		1	
Considers stabilization of spine		1	
PRIMARY ASSESSMENT			
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness (AVPU)		1	
Determines chief complaint/apparent life threats		1	
Assess airway and breathing	Assessment	1	
	Initiates appropriate oxygen therapy / appropriate adjunct	1	
	Assures adequate ventilation	1	
Assess circulation	Assesses/controls major bleeding if present	1	
	Assesses pulse	1	
	Assesses skin (either color, temperature, or condition)	1	
Identifies priority patients/makes transport decision/integrates treatments to preserve life		1	
HISTORY TAKING			
History of present illness (investigate chief complaint) <input type="checkbox"/> Onset (1 point) <input type="checkbox"/> Provocation (1 point) <input type="checkbox"/> Quality (1 point) <input type="checkbox"/> Radiation (1 point) <input type="checkbox"/> Severity (1 point) <input type="checkbox"/> Time (1 point) <input type="checkbox"/> Clarifying questions of associated signs and symptoms related to OPQRST (2 points)		8	
Past medical history <input type="checkbox"/> Allergies (1 point) <input type="checkbox"/> Medications (1 point) <input type="checkbox"/> Pertinent history (1 point) <input type="checkbox"/> Last oral intake (1 point) <input type="checkbox"/> Events leading to present illness (1 point)		5	
SECONDARY ASSESSMENT AND VITAL SIGNS			
Assesses affected body part/system(s) <i>(1 point for each required system – Maximum of 2 points)</i> - Cardiovascular - Neurological - Integumentary - Reproductive - Pulmonary - Musculoskeletal - GI/GU - Psychological/Social		2	
Obtains vital signs <input type="checkbox"/> Pulse (1 pt) <input type="checkbox"/> Blood Pressure (1 pt) <input type="checkbox"/> Resp rate (1 pt) <input type="checkbox"/> Resp quality (1 pt)		4	
Interventions <i>(verbalizes proper intervention / treatment / contact medical control)</i>		1	
REASSESSMENT (verbalized)			
Repeats primary assessment		1	
Verbalizes reassessment of vital signs		1	
Repeats assessment regarding patient complaint/injuries and interventions		1	
TOTAL:		39	

Critical Criteria: (You must thoroughly explain your reason for checking any critical criteria on the back of this sheet)

- ☐ 101- Did not determine scene safety
- 102- _____
- ☐ 103- Did not assess for and verbalize administration of appropriate concentration of oxygen, if indicated
- ☐ 104- Did not find, or manage, problems associated with airway, breathing, circulation or shock
- ☐ 105- Performs Secondary assessment before assessing/treating airway, breathing and circulation
- ☐ 106- Did not verbalize transporting patient within 10-minute time limit
- ☐ 107- Did not verbalize appropriate intervention/safe medication administration/contact medical control
- ☐ 108- Did not obtain 31 or more points

☐ P ☐ F

OEMS Examiner

Review

Initials: _____

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Scanform if Failed

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Airway, Oxygen & Ventilation Skills

LEVEL TESTED: ☐ FR/EMR ☐ EMT-B/EMT ☐ EMT-Inst/EC

Date: ____/____/____ Test Site Location: _____

Random Station

#:

Candidate's Name: _____ #: _____ End Time: _____

Evaluator's Name: _____ Start Time: _____

Total Time: _____

USE FOR VEMSES CANDIDATES ONLY

** If the candidate elects to ventilate initially with the BVM attached to oxygen, full credit must be awarded for those steps as long as the first ventilation is delivered within 30 seconds of being told to ventilate.

	Points Possible	Points Awarded
Note: The evaluator must advise the candidate, "Please suction the patient's airway."		
Takes or verbalizes standard precautions (BSI)	1	
Turns on/prepares suction device	1	
Assures presence of mechanical suction (may verbalize)	1	
Inserts the suction tip without occluding thumb-hole	1	
Applies suction to the oropharynx	1	
Note: The evaluator must advise the candidate, "Please insert a nasopharyngeal airway."		
Selects a nasopharyngeal airway	1	
Measures the nasopharyngeal airway	1	
Lubricates the nasopharyngeal airway	1	
Fully inserts the nasopharyngeal airway with the bevel facing towards the septum	1	
Note: The evaluator must advise the candidate, "Please remove the nasal airway and place an oral airway."		
Removes the nasopharyngeal airway	1	
Selects an oropharyngeal airway	1	
Measures the oropharyngeal airway	1	
Inserts oropharyngeal airway without displacing the tongue posteriorly	1	
Note: The evaluator must advise the candidate, "Please ventilate the patient with a bag-valve mask."		
Opens the airway using the head-tilt chin-lift	1	
Selects appropriate sized mask	1	
Creates a proper mask-to-face seal	1	
Ventilates patient at 10-12 times per minute and with adequate volume (The evaluator must witness for at least 30 seconds)	1	
Connects the BVM reservoir to oxygen regulator**	1	
Adjusts regulator liter flow to 15 liters/minute or greater**	1	
Note: The evaluator states, "An EMT assistant has arrived." The candidate must instruct the EMT assistant to ventilate the patient while the candidate controls the mask and airway.		
Candidate reopens the airway	1	
Candidate creates a proper mask-to-face seal	1	
Candidate instructs assistant to resume ventilation at 10-12 times per minute and adequate volume	1	
TOTAL:	22	

Critical Criteria: (You must thoroughly explain your reason for checking any critical criteria on the back of this sheet)

- ☐ 121- Did not take or verbalize standard precautions (BSI)
- ☐ 122- Did not demonstrate an acceptable suction technique
- ☐ 123- Did not obtain a patent airway with the nasopharyngeal airway
- ☐ 124- Did not obtain a patent airway with the oropharyngeal airway
- ☐ 125- Inserted any adjunct in a manner dangerous to the patient
- ☐ 126- Did not initiate ventilations within 30 seconds of being instructed to do so
- ☐ 127- Interrupted ventilations for more than 30 seconds
- ☐ 128- Did not provide high concentration of oxygen
- ☐ 129- Did not provide, or direct assistant to provide, proper rate and adequate volume per breath
- ☐ 130- Did not receive at least 18 points

☐ P ☐ F

OEMS Examiner

Review

Initials: _____

Bubble M or 3 on

Scanform if Failed

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Bleeding Control/Shock Management

LEVEL TESTED: ☐ FR/EMR ☐ EMT-B/EMT ☐ EMT-Inst/EC

Date: ____/____/____ Test Site Location: _____

Candidate's Name: _____ #: _____ End Time: _____

Evaluator's Name: _____ Start Time: _____

Total Time: _____

Random Station

#: _____

USE FOR VEMSES CANDIDATES ONLY

	Points Possible	Points Awarded
Takes or verbalizes standard precautions (BSI)	1	
Applies direct pressure to wound with dressings	1	
Note: The evaluator must now inform the candidate, "The wound continues to bleed."		
Applies tourniquet	1	
Note: The evaluator must inform the candidate, "The bleeding is now controlled."		
Verbalizes dressing and bandaging the wound appropriately	1	
Note: The evaluator must inform the candidate, "The patient is now showing signs and symptoms indicative of shock."		
Properly positions the patient with body supine	1	
Applies high concentration oxygen	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates the need for immediate transportation of the patient	1	
TOTAL:	8	

☐ P ☐ F

Critical Criteria: (You must thoroughly explain your reason for checking any critical criteria on the back of this sheet)

- ☐ 131- Did not take or verbalize standard precautions (BSI)
- ☐ 132- Did not apply high concentration of oxygen.
- ☐ 134- Did not control hemorrhage.
- ☐ 135- Did not indicate a need for immediate transportation.
- ☐ 136- Did not receive 6 or more points.

Wound Location:

- ☐ 137- ARM ☐ 138- LEG

OEMS Examiner

Review

Initials: _____

Bubble 4 AND Wound Location on

Scanform if Failed

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Immobilization Skills – Joint Injury

Random Station

#:

LEVEL TESTED: ☐ FR/EMR ☐ EMT-B/EMT ☐ EMT-Inst/EC

Date: ____/____/____ Test Site Location: _____

Candidate's Name: _____ #: _____ End Time: _____

Evaluator's Name: _____ Start Time: _____

Total Time: _____

USE FOR VEMSES CANDIDATES ONLY		Points Possible	Points Awarded
Takes or verbalizes standard precautions (BSI) <i>if appropriate based on patient scenario</i>		1	
Directs EMT Assistant to apply manual stabilization of the injury		1	
Assess motor, sensory and circulatory function in the injured extremity		1	
Note: The evaluator acknowledges, "The motor, sensory and circulatory function are present and normal."			
Selects proper splinting material		1	
Immobilizes the site of the injury		1	
Immobilizes the bone above the injured joint		1	
Immobilizes the bone below the injured joint		1	
Reassess motor, sensory and circulatory function in the injured extremity		1	
Note: The evaluator acknowledges, "The motor, sensory and circulatory function are present and normal."			
TOTAL:		8	

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Critical Criteria: (You must thoroughly explain your reason for checking any critical criteria on the back of this sheet)

- ☐ 141- Did not support the joint so that it did not bear distal weight
- ☐ 142- Did not immobilize the bone above and below the injured joint
- ☐ 143- Did not assess/reassess motor, sensory and circulatory function in the injured extremity before and after splinting
- ☐ 144- Did not obtain 6 or more points

Injury Site:

- ☐ 145- Shoulder
- ☐ 146- Elbow
- ☐ 147- Wrist
- ☐ 148- Knee
- ☐ 149- Ankle

OEMS Examiner
Review

Initials: _____

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Immobilization Skills – Long Bone Injury

LEVEL TESTED: ☐ FR/EMR ☐ EMT-B/EMT ☐ EMT-Inst/EC

Date: ____/____/____

Test Site Location: _____

Random Station

#:

Candidate's Name: _____ #: _____ End Time: _____

Evaluator's Name: _____ Start Time: _____

Total Time: _____

USE FOR VEMSES CANDIDATES ONLY

	Points Possible	Points Awarded
Takes or verbalizes standard precautions (BSI) <i>if appropriate based on patient scenario</i>	1	
Directs EMT Assistant to apply manual stabilization of the injury	1	
Assess motor, sensory and circulatory function in the injured extremity	1	
Note: The evaluator acknowledges, "The motor, sensory and circulatory function are present and normal."		
Measures the splint	1	
Applies the splint	1	
Immobilizes the joint above the injury site	1	
Immobilizes the joint below the injury site	1	
Secures the entire injured extremity	1	
Immobilizes the hand/foot in the position of function	1	
Reassess motor, sensory and circulatory function in the injured extremity	1	
Note: The evaluator acknowledges, "The motor, sensory and circulatory function are present and normal."		
TOTAL:	10	

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OEMS Examiner
Review

Initials: _____

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Critical Criteria: (You must thoroughly explain your reason for checking any critical criteria on the back of this sheet)

- ☐ 151- Grossly moves the injured extremity
- ☐ 152- Did not immobilize the joint above and below the injury site
- ☐ 153- Did not assess/reassess motor, sensory and circulatory function in the injured extremity before and after splinting
- ☐ 154- Did not obtain 8 or more points

Injury Site:

- ☐ 155- Clavicle
- ☐ 156- Humerus
- ☐ 157- Radius/Ulna
- ☐ 158- Tibia/Fibula

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Immobilization Skills – Traction Splint

LEVEL TESTED: ☐ EMT-B/EMT ☐ EMT-Inst/EC

Random Station

#:

Date: ____/____/____

Test Site Location: _____

Candidate's Name: _____ #: _____ End Time: _____

Evaluator's Name: _____ Start Time: _____

Total Time: _____

USE FOR VEMSES CANDIDATES ONLY	Points Possible	Points Awarded
Takes or verbalizes standard precautions (BSI) <i>if appropriate based on patient scenario</i>	1	
Candidate takes manual stabilization of the injured leg	1	
Directs assessment of motor, sensory and circulatory function of the injured extremity	1	
Note: The evaluator acknowledges "motor, sensory and circulatory function are present and normal"		
Directs application of the ankle hitch	1	
Directs the application of manual traction	1	
Candidate prepares/adjusts splint to proper length using uninjured leg	1	
Candidate positions the splint next to the injured leg	1	
Candidate applies splint and ischial strap	1	
Candidate applies mechanical traction	1	
Candidate secures the leg to the splint	1	
Candidate re-evaluates that ischial strap and ankle hitch are secure	1	
Candidate reassesses motor, sensory and circulatory function in the injured extremity	1	
Note: The evaluator acknowledges "motor, sensory and circulatory function are present and normal"		
Note: The evaluator must ask the candidate how he/she would prepare the patient for transportation		
Verbalizes securing the torso to the long board to immobilize the hip	1	
Verbalizes securing the splint to the long board to prevent movement of the splint	1	
TOTAL:	14	

Critical Criteria: (You must thoroughly explain your reason for checking any critical criteria on the back of this sheet)

- ☐ 161- Directs or causes a loss of traction at any point after it was applied
- ☐ 162- Did not assess motor, sensory and circulatory function in the injured extremity prior to and after splinting
- ☐ 163- The foot was excessively rotated or extended after splint was applied
- ☐ 164- Did not secure the ischial strap before applying mechanical traction
- ☐ 165- Final immobilization failed to support the femur or prevent rotation of the injured leg
- ☐ 166- Did not obtain 11 or more points

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OEMS Examiner

Review

Initials: _____

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Spinal Immobilization – Seated Patient

LEVEL TESTED: ☐ EMT-B/EMT ☐ EMT-Inst/EC

Date: ____/____/____ Test Site Location: _____

Random Station

#:

Candidate's Name: _____ #: _____ End Time: _____

Evaluator's Name: _____ Start Time: _____

Total Time: _____

USE FOR VEMSES CANDIDATES ONLY

	Points Possible	Points Awarded
Takes or verbalizes standard precautions (BSI) <i>if appropriate based on patient scenario</i>	1	
Candidate places/maintains head in the neutral in-line position	1	
Turns c-spine over and directs assistant to maintain manual immobilization of the head	1	
Assesses motor, sensory, and circulatory function in each extremity	1	
Applies appropriately sized cervical collar	1	
Positions the immobilization device behind the patient	1	
Secures the device to the patient's torso and legs	1	
Evaluates torso fixation and adjusts as necessary	1	
Evaluates and pads behind the patient's head as necessary	1	
Secures the patient's head to the device	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Verbalizes moving and immobilizing the patient to a long board and reassessment of motor, sensory, and circulatory function in each extremity	1	
TOTAL:	12	

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Critical Criteria: (You must thoroughly explain your reason for checking any critical criteria on the back of this sheet)

- ☐ 171- Did not immediately take manual immobilization of the head
- ☐ 172- Released, or ordered release of, manual immobilization before head was secured to the device
- ☐ 173- Did not properly apply appropriately sized cervical collar before ordering release of manual immobilization
- ☐ 174- Patient manipulated, or moved excessively, causing potential spinal compromise
- ☐ 175- Device moved excessively up, down, left or right on the patient's torso after securing.
- ☐ 176- Torso fixation inhibits chest rise resulting in respiratory compromise
- ☐ 177- Upon completion of immobilization, head is not in neutral position or head immobilization allows for excessive movement
- ☐ 178- Did not assess and reassess motor, sensory, and circulatory function in each extremity.
- ☐ 179- Immobilized head to the device before securing the torso
- ☐ 180- Did not receive 10 or more points

OEMS Examiner

Review

Initials: _____

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Spinal Immobilization – Supine Patient

LEVEL TESTED: ☐ EMT-B/EMT ☐ EMT-Inst/EC

Date: ____/____/____ Test Site Location: _____

Candidate's Name: _____ #: _____ End Time: _____

Evaluator's Name: _____ Start Time: _____

Total Time: _____

Random Station

#:

USE FOR VEMSES CANDIDATES ONLY

	Points Possible	Points Awarded
Takes or verbalizes standard precautions (BSI) <i>if appropriate based on patient scenario</i>	1	
Candidate places/maintains head in the neutral in-line position	1	
Turns over c-spine and directs assistant to maintain manual stabilization of the head	1	
Assesses motor, sensory, and circulatory function in each extremity	1	
Applies an appropriately sized cervical collar	1	
Directs movement of the patient onto the board without compromising the integrity of the spine	1	
Applies padding to voids between the torso and the board, as necessary	1	
Immobilizes the patient's torso to the long board	1	
Secures the patient's legs to the board	1	
Evaluates and pads behind the patient's head, as necessary	1	
Immobilizes the patient's head to the board	1	
Reassesses motor, sensory, and circulatory function in each extremity	1	
TOTAL:	12	

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Critical Criteria: (You must thoroughly explain your reason for checking any critical criteria on the back of this sheet)

- ☐ 181- Did not immediately take manual immobilization of the head
- ☐ 182- Released, or ordered release of, manual immobilization before head secured to backboard
- ☐ 183- Patient manipulated, or moved excessively, causing potential spinal compromise
- ☐ 184- Patient moves excessively up, down, left or right on the board after immobilization
- ☐ 185- Head immobilization allows for excessive movement
- ☐ 186- Upon completion of immobilization, head is not in neutral position
- ☐ 187- Did not assess motor, sensory, and circulatory function in each extremity before and after immobilization to the board
- ☐ 188- Immobilized head to the board before securing the torso and legs
- ☐ 189- Did not receive 10 or more points

OEMS Examiner
Review

Initials: _____

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Scanform if Failed